

# Miles for Megan 5K and Family Fun Walk

## Mail-In Registration Form

Mail Completed forms to: The Miracle for Megan Foundation

8732 Cimarron Circle

Baltimore, MD 21234

- No refunds and no confirmation of entry
- Each participant must submit an entry form

### PERSONAL INFORMATION please print

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Age on Oct. 30, 2010 \_\_\_\_\_ D.O.B. \_\_\_\_\_

Gender \_\_\_ Male \_\_\_ Female

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I wish to participate in the: \_\_\_ 5K run \_\_\_ Family Fun Walk \_\_\_ Snooze button runner

T-Shirt Size (circle one): Adult: S M L XL Youth: S M L XL

Signature of Participant, Parent, or Guardian: \_\_\_\_\_  
(if under 18 years of age)

### ENTRY FEES

Adult : \$25 before race day; \$30 race day

Children: (15 and under) \$15 before race day; \$20 race day

Total Due: \_\_\_\_\_

Cash/ Check No. \_\_\_\_\_ (payable to Miracle for Megan Foundation)

**WAIVER AND RELEASE FROM LIABILITY:** In consideration of the acceptance of my entry, I, for myself, my executors, heirs, administrators or assignees, do hereby release and discharge The Miracle for Megan Foundation, Padonia Park Club, Baltimore County, Race Director, Charm City Run, all volunteers and sponsors of all claims of damage demand, actions whatsoever in any manner arising from my participation in this athletic event. I attest and verify that I have full knowledge of the risks involved in this event and am physically fit and sufficiently trained to participate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent/guardian signature required if participant is under 18 years of age)