

# Medicine Run/Walk & Health Fair Registration Form 2009

Name: \_\_\_\_\_ Age on 4/04/09: \_\_\_\_\_

Phone: \_\_\_\_\_ Sex: M or F

Street Address: \_\_\_\_\_ Email: \_\_\_\_\_

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

Events (Check all that apply):  
 5K Run/Walk  
 1 Mile Walk

Adult t-shirt size:

S  XL

M  XXL

L

Child t-shirt size:

S  XL

M

L

Wheelchair participants will assistance be needed? \_\_\_\_\_

**Waiver and Release:** I understand that I waive all rights and claims for damages or injuries that I or my assigns may have against OUCOM student organizations, community service program and affiliated programs, health fair sponsors, Ohio University, the City of Athens, or their representatives, assigns, or agents. I also agree that I have adequately trained for this event and am not suffering from any injury or other condition, which might be seriously aggravated by my participation in this event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Sign upon check-in on Race day)

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