

Registration Confirmation Form

RUN WITH ME . . . 4 NF

Proceeds go to:



Saturday, June 9th, 2012
 5k and 10k runs start at the Minnedosa Beach Pavilion at 10 AM

\$20 registration fee per participant
 Family option of \$40 (two t-shirts)

For more information contact:
 Tracy Gregorash at 204-867-3219

Participant Name: _____ Age: _____

Phone #: _____ Email: _____

Mailing Address: _____

Event: 5 km 10 km

Shirt Size: child S child M child L

adult S adult M adult L adult XL



Accredited by the
 Manitoba Runners' Association

Please add additional Family members participating in run. Family option is \$40 (this amount includes two event t-shirts)

Participant Name: _____ Age: _____

Event: 5 km 10 km

Shirt Size: child S child M child L

adult S adult M adult L adult XL

Participant Name: _____ Age: _____

Event: 5 km 10 km

Participant Name: _____ Age: _____

Event: 5 km 10 km

Participant Name: _____ Age: _____

Event: 5 km 10 km

Additional t-shirts at \$15 each
 Shirt sizes:

child S child M child L

adult S adult M adult L adult XL

Total number of additional shirts

Total Run Participants: _____

Total Shirts Ordered: _____

Total Money Sent: _____

Participant Waiver and Release – Run With Me...4 NF 2012
 I hereby waive all claims against Run With Me...4 NF, Manitoba Neurofibromatosis Support Group, NF Canada, Manitoba Runners' Association, the town of Minnedosa, the province of Manitoba, and all other organizations, sponsors and volunteers for any injury I or any member of my family may suffer due to participation in this event. I attest that I/we am/are physically fit and prepared for this event. As part of this waiver and release, I allow Manitoba Runners' Association and MBNF to use my name and age for final results that will be posted on our website. I also allow any photos taken of me during this event to be used by MBNF for advertisement and awareness purposes only. I acknowledge that I have read and understood all of the above information.

Signature: _____

**Must be 18 years of age to sign for self and/or family member(s).*

Date: _____

Thank you for helping us take the steps to better the lives of our friends living with NF!