

Runner Registration Form

September 22, 2012 — Lindon City Center Park — Lindon, UT

PLEASE FILL OUT THIS FORM AND FOLLOW THE SUBMISSION INSTRUCTIONS TO MAIL THE FORM TO **KIDNEY FOR COLSON 5k**.

(You may also register online at www.kidneyforcolson5k.org)

Please check in which race you will be participating:

_____ 5k \$ 25.00 _____ Family Fun Run \$ 15.00

Prices above are for **Early Bird Registration** (by September 1st).

Late Registration fees are (Sept. 2nd – Sept. 21st):

5k - \$27.00 and Family Fun Run - \$20,

Day-of-the-Race fees will be:

5k - \$30.00 and Family Fun Run - \$25

Kidney for Colson



5K
Run/Walk

7:00 am, Saturday, September 22, 2012

Name

Phone Number

Age on June 9, 2012 Gender

Email Address

Address

T-shirt Size (Indicate Small, Med., Large, XL, or Youth)

City, ST Zip Code

How did you hear about this race?

I hereby for myself, my heirs, executors and administrators and assigns hereby waive, release and discharge any and all rights and claims for damages I have ever had, now have or can, shall or may hereafter have against the Kidney for Colson Group or the Kidney for Colson 5k Organization Committee, and any participating sponsors, supporters and directors, officers, employees and agents of such parties, for any and all injuries in any manner arising or resulting from my participation in said race. I attest and verify that I have full knowledge of the risks involved in this race, that I assume those risks, that I will assume and pay my own medical and emergency expenses in the event of accident, illness or other capacity, regardless of whether I have authorized such expenses and that I am physically fit and sufficiently trained to participate in this race.
I verify that I have read and fully understand the above.

Signature (or signature of parent or guardian if participant is under 18)

METHOD OF PAYMENT:

_____ Check Enclosed (Make check payable to
the Utah Hemophilia Foundation)

_____ MasterCard

_____ Visa

Credit Card Number

Expiration Date

Signature for Credit Card Payment

FINAL DEADLINE FOR MAILING THIS REGISTRATION IS SEPTEMBER 10, 2012.

Please mail or fax this form to:

KIDNEY FOR COLSON 5K

771 NORTH 200 East

SPRINGVILLE, UT 84336

Phone: [\(801\) 899-3592](tel:(801)899-3592)

Email: karmen.kidneyforcolson@gmail.com - www.kidneyforcolson5k.org