



DEAF-REACH 9TH ANNUAL 5K RUN/WALK

Fletchers Cove, Washington, DC -- Saturday, April 10, 2010, 8am

Registration Form:

To register, please complete this form and send with your payment payable to Deaf-REACH. One registrant per form please. Mail form and payment to: Signs of Spring 5k, Deaf-REACH, 3521 12th Street NE, Washington, DC 20017; or fax at (202) 832-8454. You may also register online at www.Deaf-REACH.org.

Participant Name:	Age:	Gender:
Address:		
City:	State:	Zip Code:
Phone:	Fax:	E-mail:

- I agree to: Run Walk T-Shirt Size: S M L XL XXL
Registration: \$20 (Student w/ ID) \$25 (Individual) \$45 (Couple) \$75 (Family)
- I will get sponsors and raise money for Deaf-REACH
- I am unable to participate this year. But, I would like to make a donation of \$_____.

Method of Payment:

Type of Credit Card:	<input type="radio"/> Visa	<input type="radio"/> MasterCard	<input type="radio"/> American Express	<input type="radio"/> Discover
Credit Card Number:				
Security Code:	Expiration Date:	Amount to Charge to Card: \$		
Cardholder Signature:				

Mandatory Waiver (All Participants Must Sign):

I know that running and walking are potentially hazardous activities. I should not enter to run or walk in an activity of this nature unless I'm medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run/walk. I assume all risks associated with running/walking in this event including, but not limited to: falls, contact with other participants, the effects of weather, including high heat/humidity or extreme cold, the conditions of the road and/or path and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I myself and anyone entitled to act on my behalf, waive and release RacePacket, Inc., PVA, USATF, Deaf-REACH, the National Park Service and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the person or entities named in this waiver.

Participant Signature: _____

Parent or Legal Guardian (if under 18) Signature: _____