

**Blisters for Sisters 5K / Fun Run - April 18<sup>th</sup>, 2015  
Registration Form**

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

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

Age on 04/25/2015: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_/Day \_\_\_\_\_ Year \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Phone # \_\_\_\_\_

Event (check one): 5K Run \_\_\_\_\_ Fun Run \_\_\_\_\_

T-Shirt Size Check One (Included with registration fee): Small \_\_\_\_\_

Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_ XX Large \_\_\_\_\_

**Waiver and Release**

I know that running and/or walking a road race is a potentially hazardous activity. I should not enter and run or walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the course. I assume all risks associated with running and walking in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including hot or low temperatures and/or wind chill, traffic and conditions of the road. I acknowledge all such risks as being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of this entry, I hereby for myself, heirs, executors, and administrators waive any and all claims I may have for damages against the Little Sisters of the Poor, and all sponsors and individuals associated with the event, their representatives and successors, and assignees for any and all injuries suffered by me in connection with this event, including pre and post race activities. Sorry no refunds.

I understand and agree to the waiver and release by my signature below:

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

**Entry Fee (check one) : \_\_\_\_\_ 5 K Run \$20 up to date of race / \_\_\_\_\_ 5K Run \$25 Day of race  
\_\_\_\_\_ \$10 Fun Run up to date of race / \$15 \_\_\_\_\_ Fun Run Day of Race**

or

**I would like to Sponsor Sister \_\_\_\_\_ in the amount of \$ \_\_\_\_\_**

*Please enter your Total Payment Amount and attach check or credit card information:*

Entry Fee: \_\_\_\_\_ Credit Card Type: \_\_ M/C \_\_ Visa \_\_ Amex \_\_ Discover  
Donation: \_\_\_\_\_ Card # \_\_\_\_\_  
**TOTAL:** \_\_\_\_\_ **Expiry Date :** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Please make checks payable to: Little Sisters of the Poor - 1655 McGill Ave., Mobile, AL 36604  
(251) 476-6335 [devmobile@littlesistersofthepoor.org](mailto:devmobile@littlesistersofthepoor.org)

