

Nome Run for Women

Saturday June 9th, 2018 10am

5 Mile Run/Walk 1 Mile Fun Run/Walk

I would like my donation to benefit:

Alaska Run for Women Amount: \$ _____

Make a Smile Amount: \$ _____

TOTAL: \$ _____

Name _____

Gender _____ Age _____ Phone _____

Address _____

I understand and accept the element of risk of physical injury through participation in the Nome Run for Women. I will assume all risks and I am aware that I shall be responsible for any and all medical costs that may arise from injury through participation in this program as well as any other unforeseen costs that could arise. I hereby release Norton Sound Health Corporation and their employees, volunteers, and sponsors from any and all liability arising from any injuries sustained, directly or indirectly, from participating in these programs.

Signature of Participant (over 18) or Parent/Guardian

Date

PUBLICITY RELEASE

I hereby grant NSHC the right to use my name/ image/ testimonial in news releases, feature articles, advertisements and promotional efforts.

Signature

Date

Parent or Guardian Signature
(If under age 18)

Date

