

Bib Number _____
(to be assigned by race official)

2012 Miles for Moms Run/Walk Registration Form

Age on May 12, 2011 _____ Gender _____

Event Type:

5K Runner _____ (timed) 5K Walker _____ (not timed) 2K Fun Run/Walk/Stroller Division _____ (not-timed)

Name (Last, First, M.I.) _____

Street Address _____

City, State, ZIP _____

Email _____

Phone _____

T-Shirt Size (please circle) : S, M, L, XL, 2XL

Team Name (if applicable) _____ Team Captain _____ Team Member _____

Race Fee (Please Select):

Individual \$25 _____ Student (6-17) \$15 _____ Child (5 & under) FREE _____ (will NOT receive t-shirt)

Stay at Home Mom or Dad \$25 _____ DONATION _____

\$ _____ **Total (Additional \$5 for race day registration)**

Mailed registrations must be postmarked by 5-7-12

Online registrations close at 5 p.m. 5-11-12

Method of Payment

Cash Check (made payable to Florence Crittenton Services)

Send completed form(s) and payment(s) to:

Florence Crittenton Services Miles for Moms Run/Walk
55 South Zuni Street
Denver, CO 80223



For more info: 303.321.6363 | events@FloCritCO.org | www.FloCritCO.org

WAIVER AND RELEASE: I know that running/walking a road race could be a hazardous activity and I should not participate unless I am medically able and prepared. I assume all risks associated with running/walking the Florence Crittenton Services Run/Walk, including but not limited to: falling, traffic and road conditions, all such risks being known and understood by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry for myself and anyone else entitled to act on my behalf, hereby waive and release Florence Crittenton Services, the City of Denver and all sponsors, volunteers, and providers of services to the race, their representatives and successors from any and all claims or liabilities of any kind, known or presently unknown, arising out of or relating in any way to my (or entrants) participation in this event even though the claim or liability may arise out of negligence or carelessness on the part of any person named in this waiver and release. I grant my permission to use my name or any audio or visual recording for any lawful purpose. I also understand that all entry fees are not refundable. I have read this agreement carefully and understand it and certify my agreement by my signature below.

Signature (if under 18 years of age, guardian MUST sign) _____