

# Cystic Fibrosis FUN RUN 2012

## Sign-up Form

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

**Sign up for:**

- |                                          | <b>Time</b> | <b>Price</b> |
|------------------------------------------|-------------|--------------|
| <input type="checkbox"/> 1 mile Run/Walk | 9:00am      | \$20.00      |
| <input type="checkbox"/> 5k Run/Walk     | 9:00am      | \$20.00      |

**AFTER JULY 7<sup>TH</sup>:**

- |                                          |        |         |
|------------------------------------------|--------|---------|
| <input type="checkbox"/> 1 mile Run/Walk | 9:00am | \$25.00 |
| <input type="checkbox"/> 5k Run/Walk     | 9:00am | \$25.00 |

*T-Shirt Size (circle):*

Adult: S M L XL XXL

Youth: S M L

PLEASE READ THIS WAIVER OF RESPONSIBILITY BEFORE REGISTERING FOR THE  
CYSTIC FIBROSIS FUN RUN

**All participants of the Cystic Fibrosis Fun Run are required to sign the Waiver of  
Responsibility for participation.**

***I acknowledge that in consideration of the acceptance of this entry, I, the undersigned,  
assume full and complete responsibility for any injury or accident which may happen to  
me during the even known as the Cystic Fibrosis Fun Run, and I hereby release and  
agree to indemnify, defend, and hold harmless the City of Tecumseh, sponsors,  
promoters, and all other persons or entities associated with this event from all injuries  
and damages, or otherwise. I grant permission to all of the foregoing to use any  
photographs, motion pictures, recordings, or any other record of the event for any  
legitimate purpose.***

**SIGNATURE:** \_\_\_\_\_  
(Parent or Guardian if under age 18)

**Date:** \_\_\_\_\_

\*Checks Made Payable to:  
CF Fun Run

\*Please Mail Entry Form to:  
Johnson County Hospital  
Attn: Cortney Sommerhalder  
202 High Street  
Tecumseh, NE 68450