

## REGISTRATION FORM

Please send with check to The Race at 3733 Park East Drive, Suite 210, Beachwood, OH 44122  
Visit [www.dotherace.com](http://www.dotherace.com) for information, or to register online

*Please print clearly, one form per registrant:*

Last Name:		First Name:	
Address:		City:	
State:	Zip:	Phone:	
Email:		School/Team:	
DOB:	Age:	Gender (please circle):	Male      Female

Circle T-Shirt Size:      Youth: S M L XL      Adult: S M L XL Registration Fee: \$15 per person I'm sorry, I cannot attend. Enclosed is my tax-deductible donation for \$_____
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Waiver and Release: (Must be signed by participant's parent/guardian) I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant and in good physical condition. I know that this event is a potentially hazardous activity and I hereby assume full and complete responsibility for any injury or accident which may occur during my participation in this event or while on the premises of this event, and I thereby release and hold harmless and covenant not to file suit against The Race, Legacy Village, its affiliates and any affiliated individuals, any race sponsors and their agents and employees, and all other persons or entities associated with this event ("the releasees") from any loss, liability, or claims I may have arising out of my participation in this event, including personal injury or damage suffered by me or others, whether same be caused by falls, contact with participants, conditions of the course, negligence of the releasees or otherwise. If I do not follow all the rules of this event, I understand that I may be removed from the competition. I give my full permission to The Race and its affiliates and their sponsors and corporate partners to use any photographs, videotapes, audiotapes or other recordings of me that are made during the course of this event.

Parent/Guardian (if minor)/Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICIAL PLEDGE FORM

**RAISE MONEY! WIN PRIZES!** The individual raising the most money for The Race will receive a flat screen television! Use the official pledge form below, or raise money online at [www.dotherace.com](http://www.dotherace.com). All pledges must be turned in by June 15<sup>th</sup>, 2010 for grand prize consideration.

Please do not send cash. Checks should be sent to The Race at 3733 Park East Drive, Suite 210, Beachwood, OH 44122.

Full name of adult representing family:			
Address:	City:	State:	Zip:
Phone:	Email:		

Name:	Pledge Amount:	Name:	Pledge Amount:
Total Column 1:		Total Column 2:	
		<b>Grand Total (Column 1 + 2)</b>	