



14th Annual

THE DR. PHILLIP O'SHAUGHNESSY WALK/RUN FOR HEALTH

RUNNER / WALKER ENTRY FORM

As many of our neighbors find themselves without jobs, the unemployed become the uninsured. People who have had access to health insurance for many years are suddenly finding themselves in need of Matthew 25 services. Please consider sponsoring this fund-raising event. Thank you.

JULY 21, 2012
**FOSTER PARK
 PAVILION # 1**

REGISTRATION: 7:00AM-9:00AM

10K RUN 7:30 AM
5K RUN 8:30 AM
5K FUN WALK 8:30 AM

MAIL FORM AND ENTRY FEE TO:

Matthew 25 Health and Dental Clinic

413 East Jefferson Boulevard

Fort Wayne, IN 46802

Phone: (260) 426-3250 ext. 213

Fax: (260) 426-0443

E-mail: jrumschlag@matthew25online.org

Race Director: Jennie Rumschlag

Waiver: In consideration of the acceptance of my entry, I, for myself, my executors and assignees, acknowledge that I have read, understand and agree to the following: I know that running a road race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by the decision of a race official relative to my ability to safely complete the run. I assume all risks associated with participating in this event including, but not limited to: falls, contact with other participants, the effect of the weather, including precipitation and hot temperatures; road and trail conditions all such risks being known and appreciated by me. For my safety I understand that bicycles, skateboards, baby joggers, and roller skates are not allowed in the race. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, myself, and anyone entitled to act on my behalf, waive and release the Fort Wayne Parks and Recreation, Fort Wayne Track Club, Matthew 25, Inc., all sponsors and volunteers from all claims and liabilities of any kind arising out of my participation in this event thought that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I permit my photograph or likeness to be used for any legitimate purposes.

ENTRY FORM-ONE PER PERSON (Please Print Clearly)

Check event of your choice:

10k Run 5k Run 5k Fun Walk

Name: _____

Address: _____

City: _____

State: _____ Zip code: _____

Phone: _____

Preferred email _____

Circle Gender: M F

Age on race day : _____ Date of Birth: _____

Fee: \$15.00 Pre-registration (must be received by July 10th)

\$20.00 Race Day Registration

I would like to make an additional donation of:

\$ _____

Visa Mastercard check

Card Number: _____

Expiration Date: _____

Total Amount _____

Please Sign and date below (necessary for entry)

 Signature of participant (If under 18, parent or guardian must sign) Date