

# registration

## Miles That Matter Women's Day Classic Registration Miami Valley Hospital South Campus Saturday, October 1st 10 AM

No refunds or transfers for race registrations.

Name \_\_\_\_\_ Age on 10.1.2011 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Women's Shirt Size: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_

Men's Shirt Size: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_

Youth Shirt Size: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ (note: Youth sizes for Kid's event only)

### EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

### PLEASE CHOOSE YOUR PARTICIPATION:

- Women's Day Classic 5K RUN (\$30)
- Women's Day Classic 5K WALK (\$30)
- Kid's 1 Mile Fun Run (Free) Kid's Bike Raffle: Tickets \$1
- Fox & The Hound Chase-Men's Only Division (\$30)
- Luncheon Only (\$10)
- Yes, I would like to make an additional donation of \$\_\_\_\_\_ to the Miles That Matter—Boas From Nicki Project benefitting the Help Her Fight Fund through Miami Valley Hospital Foundation.

Make checks payable to:

**Miles That Matter Women's Day Classic**  
**2970 Shoemaker Rd., Lebanon, Ohio 45036**

***Postmarked no later than September 26th, 2011***

### WAIVER & DISCLAIMER

In consideration of my entry being accepted, I intend to be legally bound, and do hereby, for myself, my heirs and executors, waive and release all rights and claims of damages which may have or which may hereinafter accrue to me against Miles That Matter LLC, the Miles That Matter Foundation, Miami Valley Hospital, City of Centerville, Speedy Feet, Up & Running, any sponsor, subsidiary or political division thereof, their respective officers, agents, directors, representatives, volunteers, successors, assignees and sponsors for any and all damages or injuries which may be sustained and/or suffered by me in connection with my association with entry or participation in Miles That Matter Women's Day Classic. If I should suffer injury or illness, I authorize race officials to use their discretion and if necessary to have me transported to a medical facility. I attest and certify I am physically fit and am sufficiently able to participate in this event. I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, motion pictures, recordings or any record of this event for any purpose. I have read the above release and understand that I am entering this event voluntarily at my own risk.

SIGNATURE (if under 18, signature of Parent or Guardian) \_\_\_\_\_

Date \_\_\_\_\_



**Mail-In Entries  
should be postmarked  
no later than  
September 26th, 2011**