



Walk To Cure FM-OHIO Printable Registration

Media/Info contact:
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Please print and complete ALL fields



 First Name Last Name

 Address

 City State Zip

 E-Mail Address Emergency Contact #Number

I am entering the (circle one)
 Walk To Cure FM-OH 1K Fun Walk 5K Run

Age on May 18th _____ Tee Shirt Size: S M L XL XX / Youth T-Shirt Size(s): YS YM YL

ENTRY FEES:

1K Fun Walk\$25 thru 4/30...\$30 thru 5/16...\$35 day of race
 5K.Run.....\$30 thru 4/30...\$35 thru 5/16...\$40 day of race

ONLINE REGISTRATION:
www.PRWithAPurpose.com

MAIL IN ENTRY: Make checks payable to NFMCPA and mail with completed entry(s) to:
 ULTRAFIT-USA, PO BOX 629, HILLIARD, OHIO 43026

RACE WAIVER: Please read carefully.

In return for acceptance of my entry fee, I, for myself, for my executors, administrators and assigns, hereby release and discharge ULTRAFIT-USA, City of Columbus, Columbus Recreation and Parks Department, Columbus and Franklin County Metro Parks, National Fibromyalgia & Chronic Pain Association, PR With A Purpose, and any and all sponsors, volunteers, and individuals associated with the race, their agents and employees for any and all claims for damages, actions, demands and injuries arising out of my participation in this event. I have full knowledge of all risks involved in participating in the run and state that I am physically fit and sufficiently trained to participate in it.

 SIGNATURE /DATE

 GUARDIAN SIGNATURE /DATE

(If participant is under the age of 18)

Please print & complete ALL fields. Walk To Cure FM 1K 5K May 18th, 2014

FOR INTERNAL USE ONLY:

TOTAL ENTRY FEE: _____

PAYMENT TYPE: _____