Children's Therapy Clinic
Make A Miracle
5K Walk/Run & 10K Run

Coonskin Park Amphitheatre
Saturday, April 21st, 9am
Registration Form
(please print)

Name_____

Gender: Male Female Age on day of race_____

Address:_____

Phone: ( ) _____ E-Mail:_____

Emergency Contact: _____
(name and relation)
Emergency Contact Phone: ( )_____

I am registering for (circle one): 5K Walk 5K Run 10K Run

Waiver and Release of Liability Statement

Please carefully read the following Waiver & Release of Liability Statement, then sign your signature. **Minors under the age of 18 on the day of the race, must have signature of their legal guardian foe participation in this event.**

In return for permission by the Children's Therapy Clinic to participate in the 5K Walk/Run or the 10K Run, I release the Children's Therapy Clinic, Inc., it's members, volunteers, sponsors, donors, and any other participant from any claim of injury or loss that occurs to me, my child, my ward, or anyone else on whose behalf I am representing by my signature. In addition, I attest and verify that I am or the participant for whom I am signing is physically fit and have/has sufficiently trained for this event. I give permission to CTC to use any photo, video footage, etc. that is taken during this event for use in future promotional materials.

Signature_____**Date**_____

T-Shirt Size Small Medium Large X-Large
(circle one)

Fee: $15.00 if postmarked by April 12th; $20.00 thereafter.
T-Shirts guaranteed if registration is received by April 12th, thereafter by availability.

Mail fee and entry form to: **Children's Therapy Clinic**
PO Box 2707
Charleston, WV 25330

For more information: Call 342-9515; or E-Mail CTCRunner@aol.com.