



Registration Form

DIRECTIONS

1. Complete all fields in form below
2. Attach payment
3. Each participant must use own form

Mail to:
Premier Sport
ATTN: Run 4 the Health of It
401 Charmel Place
Columbus, Ohio 43235

Event: ? 4 Mile Run/Walk ? Kids Fun Run
 ? I cannot participate in this event but would like to make a donation.

Email: _____
Name: _____ Age: _____ Sex: M / F
Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
T-shirt: S M L X XX
Children's Shirt Size: YS YM YL

4 mile Run/walk or Kids Fun Run entry fee must accompany this form.

- ? \$20.00 Registration if postmarked before September 7th
- ? \$25.00 Registration on race day
- ? \$10.00 Kids Fun Run including registration on race day

Make checks payable to: Columbus Foundation in c/o COPCPF
To register on-line go to www.copcpf.com and click on "registration."

Central Ohio Primary Care Physicians Foundation Event Waiver and Release

I agree that if I participate in this physical activity, program or event (the "Event") or use any Event facility or Event premises, I do so at my own risk. I agree that I am voluntarily participating in the Event and using Event facilities or premises and assume all risk of injury, illness, damage or loss to me or my property that might result, including without limitation, any loss or theft of personal property. I hereby consent to medical treatment in the event of injury, accident and/or illness during the Event. I agree on behalf of myself (and my personal representatives, heirs, executors, administrators, agents and assigns) to release and discharge Premier Sports, Central Ohio Primary Care Physicians Foundation and all Event sponsors from any and all claims or causes of action (known or unknown) arising out of their negligence.

I acknowledge that I have carefully read this Waiver and Release and fully understand that it is a release of liability. By my signature below, I am waiving any right that I may have to bring legal action to assert a claim against Central Ohio Primary Care Physicians Foundation, Central Ohio Primary Care Physicians Inc., Premier Sports and all Event sponsors for their negligence.

Signature of Entrant (or parent/guardian if under 18 years of age) Date _____