



CENTRAL OHIO  
PRIMARY CARE

FOUNDATION

# Registration Form

## DIRECTIONS

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

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

Event:     4 Mile Run                     4 Mile 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.

- \$15.00 Registration if postmarked before July 16
- \$25.00 Registration after July 16
- \$30.00 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](http://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 \_\_\_\_\_

**Central Ohio Primary Care Physicians Foundation. Visit us at**  
**[www.copcpf.com](http://www.copcpf.com)**



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