Registration Form

Bread for Schools Run
PO Box 57, Fabius, NY 13063
10/9/11

Full Name (please print) _____

Gender: M F Phone # _____ **E-mail** _____

Address: _____
Street Address City State Zip Code

Date of Birth: _____ **T-Shirt size:** Circle one: **S M L XL**

If you want your favorite school to share the entry fee, please enter the school's name, city & state:

_____

Circle event you are registering for:

Half Marathon: **$55 by 10/06/11 $35 ($5 additional fee after 10/06/11)**

5k: **$25 by 10/06/11 ($5 additional fee after 10/06/11)**

Fun Run: **$10 (family max $25)**

ZERO K **$25**
(make a contribution, get a T-shirt, help yourself at the hospitality tent and you don't even have to bread a sweat!)

Event Waiver and Release of Liability

I state that I am a voluntary participant in this event, and in good physical condition. I know that this event is a potentially hazardous activity and I hereby assume full and complete responsibility for any injury or accident which may occur during my participation in this event or while on the premises of this event, and I hereby release and hold harmless and covenant not to file suit against this event and/or any affiliated individuals or entities associated with this event. I give my full permission to this event and their sponsors to use and photographs, videotapes or other recordings of me that are made during the course of this event. I understand that if I I chose to walk the race I realize that if I am not able to reach a designated mile mark in a predetermined time period I will be re-routed so the roads may be roads on the route may be open to traffic.

_____ I have read, understand, and accept the agreement above. My submission of this form shall act as my legal signature. _____(Initials of: registrant, if over 18 years of age; or parent/legal guardian of minor, incapacitated, or mentally challenged person.)

Payment Options: Check Visa or Mastercard (credit card service fee will be charged)

Credit Card # _____ **Exp. Date** _____ **Security Code #** _____
(3 digit # on back of card)

Name on Card: _____

Billing Address: _____

If paying by check, mail form and check (payable to Bread for Schools Run Corp.) by October 2nd to:

Bread for Schools Run Corp., PO BOX 57 Fabius, NY 13063

For complete information and maps - or to register online - visit our website:
www.BreadRunAtFabiusNY.org