TAYLOR'S WISH OFFICIAL ENTRY FORM – Pay by Check – U.S. Mail

First Name:_____ Last Name: _____

Address :_____

City: _____ State: _____ Zip: _____ Phone: (_____) _____

E-mail: _____ T-shirt size (circle one): YS YM YL
S M L XL XXL

Birth Date: _____/_____/_____ Age on Race Day: _____ Sex: (circle one): M F

Please ship my race packet to me: Yes ____ No ____ (add $10 for 1st registrant and $3 for each additional registrant being shipped to the same address)
****Packet shipping available until May 19, 2012**

This will be a timed race. Prizes will be awarded for 1st, 2nd, and 3rd place times, male and female in the 12 & under age group and the 13 & over age group.

I learned of this event from (circle one): previous participant, RacePlace.com, Active.com, TaylorsWish.org website, TaylorsWish FaceBook page, friend, brochure, CHSA website, Ralph's, A Snail's Pace Running Shop, other: _____

Payment: (do not send cash)
Return completed registration form and make check
payable to: *Pulmonary Hypertension Association*
write "The Taylor Caffrey Memorial 5K Walk/Run"
on the memo line of your check.

mail to: Taylor's Wish
c/o Shari Caffrey
P.O. Box 28593
Canyon Station Post Office
Anaheim, CA 92809-9998

Entry fee includes: Registration, T-Shirt, Taylor's Wish Memory Bracelet, Goodie Bag, One Opportunity Drawing Ticket, Lunch, and Refreshments. (T-shirt and Bracelet not guaranteed for Late Registration)

In consideration of the acceptance of my entry, I, my heirs, executors, and administrators, release and forever discharge the Pulmonary Hypertension Association, Taylor's Wish, The Race Committee, The City of Anaheim Fire Station #10, The City of Anaheim Traffic and Parks Departments, The City of Anaheim and Orange County where this event is held and all sponsors, producers, their agents, representatives, successors and assigns, all of liabilities, claims, action, damages, cost or expenses which I may have against them arising out of, or in any way connected with my participation in this event, including travel to and/or from this event and including all injuries that may be suffered by me before, during, or after the event.

I understand that this waiver includes any claims based on negligence, action or inaction of any of the above parties. Also, none of the above are responsible for any loss of personal property nor any form of aggravation in connection with this event. I recognize the difficulties of this event and attest that I am sufficiently physically fit to compete safely in this event and that I have either been so advised otherwise by a qualified medical person. I also give permission for free use of my name and pictures in any broadcast, telecast or print media accounting of this event.

I understand that the entry fee is non-refundable and non-transferable and the Event(s) will take place rain or shine, at Race Director's discretion.

Participant name and signature:

TEAM NAME (if applicable): _____ TEAM CAPTAIN (if applicable): _____

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

Parent or legal guardian if participant is under 18 years of age:

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

PHA Pulmonary Hypertension Association
Empowered by hope