



June 25, 2017 9:00am
Magnuson Park
www.defeatmyeloma.org

To register please fill out this form and return with payment to:
Run for Good Racing Company
204 7th Ave N
Edmonds, WA 98020

Name: _____

Address: _____

City, State, Zip: _____

Phone number: _____

Email: _____

Date of Birth: _____ Male Female (please circle one)

T-shirt (please circle one) Men's: S M L XL Women's: S M L XL

Emergency Contact Name: _____

Emergency Contact Phone: _____

Payment Information, please circle one:

\$25 – Through February 10

\$30 February 11 – May 31

\$35 June 1 – June 22

\$40 Weekend Of

\$10 – Under 10

\$0 – Survivor or current patient

(All prices include fees)

Payment type (please circle one) Cash Check (please make checks out to Run for Good)

I hereby certify that I am adequately fit to run in this race. In consideration of the acceptance of this entry, I, the undersigned, for myself, my personal representative, beneficiaries, and heirs, knowingly waive, release, and discharge any and all rights and claims which I have or may have hereafter accrue to me or my estate against the Race Organizers, Run for Good Racing Company, City of Seattle, Fred Hutch and/or any other nonprofit beneficiaries and/or any other sponsors, organizers, the City of Seattle and volunteers and assigns for any and all injuries or death suffered by me in this event. I will also allow my picture and name to be used in publications as a result of this race.

Signature: _____ Date: _____

(A parent or legal guardian must sign for participants under age of 18)