



BENEFITTING THE LEUKEMIA AND LYMPHOMA SOCIETY

October 31, 2015 10:00am

Seward Park

www.runscared5k.com

info@runforgoodracingcompany.com

To register please fill out this form and return with payment to:

Run for Good Racing Company

204 7<sup>th</sup> Ave N

Edmonds, WA 98020

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Do you have a child interested in the free kids dash? Yes No

5K or 4K (please circle one) Barefoot Division? Yes No Stroller Division? Yes No

Shirt Size: Women's Small Women's Medium Women's Large Women's XL  
Men's Small Men's Medium Men's Large Men's XL

Date of Birth: \_\_\_\_\_ Male Female

Emergency Contact: \_\_\_\_\_

**Payment Information:** Please circle one:

- \$20 March 20 only
  - \$25 March 21 – June 30
  - \$35 July 1 - August 31
  - \$40 September 1 - October 28
  - \$45 Day of
- Prices include tax

\$12 Child under 18 who wishes to participate in the 5K run or 4K walk (shirt included)

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

To make an extra donation please write a separate check made out to 'LLS'

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, The Leukemia & Lymphoma Society, the City of Seattle and/or any other sponsors, organizers 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)