



**3RD ANNUAL FAMILIES & FRIENDS
OF CHILDREN WITH GENETIC DISORDERS (F.O.G.)
5K ROAD RACE (SUNDAY, 10/2 @ 12:15 PM –HOLY NAME)
REGISTRATION FORM**

PARTICIPANT INFORMATION			
Participants MUST complete the entire form or the registration will NOT be processed			
FIRST NAME		LAST NAME	
STREET ADDRESS			
CITY		STATE	ZIP CODE
EMAIL ADDRESS		GENDER (CIRCLE ONE)	
		MALE FEMALE	
DAYTIME PHONE		CELL NUMBER	AGE ON RACE DAY
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REGISTRATION FEE			
PLEASE NOTE: There are NO REFUNDS for any reason. Registration fee must accompany this form – CASH or PERSONAL CHECKS only.			

	HOLY NAME PARISHIONER/STUDENT	EARLY (THRU SEPT 15)	REGULAR (AFTER SEPT 15)
5K FEE	\$15	\$20	\$25

WAIVER: In consideration of the foregoing, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns waive and release any and all rights, claims, and causes of action I have or may have against Families & Friends of Children of Genetic Disorders (F.O.G.) 5K Road Race and its affiliates, their agents, employees, officers, directors, volunteer medical support, successors and assigns, and any and all sponsors, their representatives and successors, that may arise as result of my participation in Families & Friends of Children of Genetic Disorders (F.O.G.) 5K Road Race and any pre and post-race activities. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and my physical condition has been verified by a licensed medical doctor. I realize medical support for this event will consist primarily of volunteer medical personnel prepared to administer first-aid type assistance along the race course and at the finish line. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose, including commercial advertising.

SIGNATURE _____ **DATE** _____

PLEASE MAIL THIS FORM WITH A CHECK MADE PAYABLE TO F.O.G.

IN THE AMOUNT YOU CIRCLED ABOVE TO:

F.O.G., P.O. Box 4239, DEDHAM, MA 02027

If you are unable to participate in the race but would still like to make to help make a difference, you can make a donation, volunteer on the day of the race or donate a raffle item. Please contact us if you are interested.

Together we will make a difference.

PLEASE VISIT OUR WEBSITE AT WWW.FOGRUN.ORG