

**ENTRY FORM** (Please use one registration per entrant.)

Mail this form with your entry fee by **June 4, 2010**, to: CDI Back In Shape Run, 2501 West 84th Street, Bloomington, MN 55431

Last name:

First name:  Middle initial:  Sex:  Age (on June 12, 2010):  Birth date:  /  /

Street address (include apartment number):

City:  State:  Zip/Postal code:

Telephone:  -  -  E-mail:

**Shirt size:**  small  medium  large  extra-large  kids' small  kids' medium  kids' large  No thanks, I don't want a shirt

**Event:**  5k Run  Walk  Kids' ¼ mile or ½ mile

**Family Rate:**  Special Family Rate. Please mail one check and all registration forms in one envelope. One registration form per person.  
Limit four family members per household may qualify for the rate.

**I am participating and I would like to give a separate donation to the cause below.**

This amount has been added to my registration fee:  Volunteers Enlisted to Assist People \$ \_\_\_\_\_  Patrick Holmes Memorial Research Scholarship Fund \$ \_\_\_\_\_

**I cannot participate, but I would like to make a donation to the cause below** (please complete the first and last name section of this form only).

This amount has been added to my registration fee:  Volunteers Enlisted to Assist People \$ \_\_\_\_\_  Patrick Holmes Memorial Research Scholarship Fund \$ \_\_\_\_\_

*I am entering this event at my own risk and assume all risk and responsibilities for any injuries incurred as a direct or indirect result of my participation in this event. I, for myself and my heirs and executors, also agree not to hold any participating sponsors or supporters or the directors, employees and agents of such parties responsible for any such injury or damage suffered. I verify that I have full knowledge of the event and that I am physically fit and sufficiently trained to participate in it. I grant full permission to use any photographs, videotape, or testimonials for legal or marketing purposes. I acknowledge the race directors have the interest of my safety in mind and may need to postpone, alter, or cancel the race due to circumstances outside of their control. I will not hold them responsible for refunding registration for these circumstances.*

**I have read and agree to the above.** \_\_\_\_\_

Signature (parent/guardian must sign if runner or walker is under age 18).