

Therapy for the Sole

Fun Run 2003

ENTRY FORM

MUST BE postmarked by May 28, 2003

One registrant per form. Copies accepted. Please print legibly

Last Name _____ First Name _____ Sex: M / F

Address _____ City, State, ZIP _____

Day Phone _____ Email (opt.) _____ Age on 6/12/03 _____

Emergency Contact: Name _____ Phone _____

Shirt Size: (circle one) S M L XL

Race: (circle one) 5K Run/Walk \$15

Kids 1K (12 & under) \$10

Registration Fee \$ _____

Early registration only. For other details, visit

Additional Donations \$ _____

<http://TherapyForTheSole/Registration.html>

Total Amount Enclosed \$ _____

Make checks payable to **HHH** and mail with entry form to: Therapy for the Sole
c/o Amanda May
8181 Fannin Apt. 2531
Houston TX 77054

WAIVER: In consideration of acceptance of this entry, I waive and release any and all claims for myself and my heirs against the Physical Therapy Awareness Student organization, Texas Woman's University, Healthcare for the Homeless-Houston, the City of Houston, and any other sponsors, volunteers, officials, or agents of this event for any injury, damage or illness which may directly or indirectly result from my participation in any of the Therapy for the Sole races. My claims remain waived even though liability may arise out of negligence or carelessness on the part of the aforementioned parties or any other entity. I further state that I am in proper physical condition to participate in this event.

If entrant is under 18 years of age, parent or guardian must sign and agree to the waiver above.

Signature _____ Date _____