

NORTH CASCADE

EYE



ST. JUDE
FUN RUN

Internal Use Only

Bib Number _____

Total Paid _____

T-shirt size _____

August 4, 2013

9:00 AM

Starting line at
North Cascade Eye Assoc.
(address below)

REGISTRATION FORM

Name: _____ Age: _____

Address: _____

Run/Walk (includes T-shirt): \$25.00

Under age 10: No charge

Youth T-Shirt: \$5.00

ALL FEES GO TO ST. JUDE

SHIRT SIZE:

Adult S Adult M Adult L Adult XL Youth (M only)

Please read any waiver carefully. It includes a release of liability and waiver of legal rights and deprives you of the ability to sue certain parties. Do not agree to this document unless you have read and understood it in its entirety. By agreeing electronically, you acknowledge that you have both read and understood the text presented to you as part of the registration process. You also understand and agree that events carry certain inherent dangers and risks which may or may not be readily foreseeable, including without limitation personal injury, property damage, or death. Your ability to participate in the event(s) is/are subject to your agreement to the waiver and by agreeing herein, you accept and agree to the terms of the waiver and release agreement.

WAIVER

By indicating your acceptance, you understand, agree, warrant and covenant as follows: I recognize that participating in the St. Jude Fun Run/Walk does have certain hazards and risks involved. I recognize the risks that are involved and release North Cascade Eye Associates from all liability, in the event of any personal injuries or harm that may occur to myself while participating in this activity on August 4, 2013.

Participant/Guardian: _____ Date: _____

Pay on date of event. Preregistration encouraged. Send registration to: NCEA, **2100 Little Mountain Lane, Mt. Vernon, WA 98274**, register online, or email alexb@ncascade.com.

2100 Little Mountain Lane | Mount Vernon, WA 98274

www.ncascade.com

(360) 416-6735