



# The Three Day Stampede Toward the Cure for Cystic Fibrosis 5<sup>th</sup> Annual 5K Road Race

**July 31, 2011 8:00 AM**

Starting and ending @ Mount Abraham  
Union HS

Mail entry Form to:

Eve Shepard

405 Main Street

New haven, VT 05472

453-5325 or [eveshepard@hotmail.com](mailto:eveshepard@hotmail.com)

**Entry Form – Separate form for each runner**

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

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

\_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Gender: M / F

Junior (12 years old & under) – Y / N

Fee : \$20.00 pre-register or \$25.00 day of OR you may collect sponsors, see attached form.

**WAIVER:**

I, the undersigned, agree to indemnify and hold harmless the Cystic Fibrosis Foundation from all cost, expense and liability arising out of my or my child's participation in this event to benefit the Cystic Fibrosis Foundation.

I hereby waive all claims for damage or loss to my or my child's person or property which may be caused by any act, or failure to act, by the Cystic Fibrosis, its officers, agents or employees arising directly or indirectly from my or my child's participation in this event; and I hereby assume liability for any loss, damage or other liability from such event.

IMPORTANT: Participants under age 18 must have this form signed by a parent or guardian.

Participant's Signature & Date

Parent or Guardian's Signature & Date  
(If under 18)