

Print this form to register for the 2009 Block Melanoma Run & Walk and mail to:

(photocopies accepted)

Ann's Hope Foundation, Inc.

P.O. Box 376, Hartland, WI 53029

5th Annual Block Melanoma 5k Run/3k Walk, Sunday, May 17th, 2009, Start time: 8:30 a.m.

Individual \$25, \$17 for youth 17 & under

Team Name: _____ (If you are part of a team)

Name: _____

Age on event day: _____

Address: _____

City/State/Zip _____

Phone: _____

Email: _____

Male _____ Female _____

Check one: 5k Run _____ 3k Walk _____ Donation Only _____

Adult t-shirt Size: Small Medium Large X-large

Youth t-shirt size: Small Medium Large

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, causes of action I have or may have against Ann's Hope Foundation, Inc., and its affiliates, Aurora Health Care and its affiliates, Milwaukee County Zoo and their affiliates, all sponsors, contractors; and the race officials, directors, employees, representatives, successors and assigns of each of the foregoing, that may arise as a result of my participation in the Ann's Hope Foundation, Block Melanoma 5k Run / 3k Walk and any pre or post race activities. I further grant my full permission to any and all of the foregoing to use and reproduce my image or likeness by any audio and or visual recording technique (including electronic and digital) now in existence or here after invented, for any legitimate purposes, including commercial sales and marketing purposes. I attest and verify that I am physically fit and have sufficiently trained for the competition of this event and that my physical fitness has been verified by a licensed medical doctor.

Signature & Date

Signature & Date of parent or responsible guardian for participants under 18 years of age.
