



4th Annual

Eyes on AIDS

10K Run & 5K Run/Walk

Saturday, October 2nd, 2010
8:00 AM

Start/Finish on the campus of
Shoal Creek Community Church

Working to save a generation of South African children.

Participant Information

Last Name _____ First Name _____ Middle Initial _____

Address _____ City/State _____ Zip _____

Phone _____ Email _____

Date of Birth _____ Age as of 10/2/2010 _____ Circle: M F

Shirt Size: S M L XL XXL (First 500 registrants guaranteed T-shirts)

Race Information

Event Choice: (circle one) 10K Run 5K Run/Walk (Walkers welcome but limited to 5K course.)

How did you hear about Eyes on AIDS? _____

This is my _____ year to participate in the Eyes on AIDS 10K Run & 5K Run/Walk.

Entry Fees

	10K	5K	Enclosed
Adult (16+) received by Sept. 19	\$30	\$20	\$
Adult (16+) received Sept. 20-Oct. 2	\$35	\$25	\$
Youth (7-15) received by Sept. 19	\$15	\$15	\$
Youth (7-15) received Sept. 20-Oct. 2	\$20	\$20	\$
Children (6 and under)	Free	Free	Free
Donation (optional)			\$
Total Enclosed			\$

Please make checks payable to: Mercy Alliance--Eyes on AIDS

Completed entries may be mailed to: Eyes on AIDS • PO Box 433 • Liberty, MO 64069-0433 • by Sept. 20

Hand delivered entries to: Shoal Creek Community Church

Waiver and Signature

By signing below, you agree, warrant and covenant as follows: I understand that participating in the event is potentially hazardous, and that I should not enter and participate unless I am medically able and properly trained. In consideration of the acceptance of this entry, I assume full and complete responsibility for any injury or accident while I am traveling to or from the event, during the event, or while I am on the premises of the event. I am also aware of and assume all risks associated with participating in this event including, but not limited to falls, contact with other participants, effect of weather, traffic, and conditions of the road. I, for myself and my heirs and executors, hereby waive, release, and forever discharge the event organizers, sponsors, promoters and their agents, representatives successors and assigns, and all other persons associated with the event, for all my liabilities, claims, actions or damages that I may have against them arising out of or in any way connected with my participation in this event. I grant Eyes on AIDS permission to use my likeness, voice, and words in any form to promote the cause or for any other purpose. I understand that the race director reserves the right to cancel event due to weather or other unforeseen circumstances and that no refunds will be issued.

Signature of Participant _____ Date _____

Parent/Guardian if under 18 _____ Date _____