

REGISTRATION / DONATION FORM



NOVEMBER 18, 2007 - 10 am - Upper School – 143 Charlotte Place - Englewood Cliffs, NJ

Bring this completed form and collected money to the registration area at the event.

If you cannot attend, mail donations to: Run for George, PO Box 1406, Englewood Cliffs, NJ 07632-0406

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

For more information go to: www.runforgeorge.com

\$10 Registration Fee Paid

Make checks payable to: JOHNS HOPKINS UNIVERSITY (“Run for George” in memo field).

Please ask your company if they provide Corporate Matching Gifts!

Donations will be used for pancreatic cancer research at Johns Hopkins University.

Donor Name	Address / City / State / Zip	E-Mail / Phone	\$ Donated	Collected
1.				<input type="checkbox"/>
2.				<input type="checkbox"/>
3.				<input type="checkbox"/>
4.				<input type="checkbox"/>
5.				<input type="checkbox"/>
6.				<input type="checkbox"/>
7.				<input type="checkbox"/>
8.				<input type="checkbox"/>
9.				<input type="checkbox"/>
10.				<input type="checkbox"/>
11.				<input type="checkbox"/>
12.				<input type="checkbox"/>

Donations are tax deductible. A tax receipt will be sent for donations of \$250 or more.

TOTAL COLLECTED:

RACE WAIVER AND RELEASE (Must be signed by participant): I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event, and in good physical condition. I KNOW THAT THIS EVENT IS A POTENTIALLY HAZARDOUS ACTIVITY AND I HEREBY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR ANY INJURY OR ACCIDENT WHICH MAY OCCUR DURING MY PARTICIPATION IN THIS EVENT OF WHILE ON THE PREMISES OF THIS EVENT, AND I HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST THE RUN FOR GEORGE AND ANY AFFILIATED INDIVIDUALS, ANY EVENT SPONSORS AND THEIR AGENTS AND EMPLOYEES, AND ALL OTHER PERSONS OR ENTITIES ASSOCIATED WITH THIS EVENT (THE “RELEASEES”) FROM ANY LOSS, LIABILITY OR CLAIMS I MAY HAVE ARISING OUT OF MY PARTICIPATION IN THIS EVENT INCLUDING PERSONAL INJURY OR DAMAGE SUFFERED BY ME OR OTHERS, WHETHER THE SAME IS CAUSED BY FALLS, CONTACT WITH PARTICIPANTS, CONDITIONS OF THE COURSE, NEGLIGENCE OF THE RELEASEES OR OTHERWISE. Also, I give permission for the use of my name and/or picture in any broadcast, telecast or other account of this event.

Signature (Parent's or Guardian's Signature if Under 18)

Date

Collection Total and Registration Fee Sign-off

Date