



Race Application

Isle of Palms Connector Run and Walk for the Child
 Saturday, October 3, 2009, 8:00 a.m.

Contributions Promote Lowcountry Child Advocacy Programs
 To enter, complete form and return with check or money order to:

Isle of Palms Connector Run and Walk for the Child, Inc
P.O. Box 1976, Mount Pleasant, SC 29465
www.iopconnectorrund.com

For more information: (843) 886-8294

*No entry confirmation will be sent. *T-shirt size preferred does not guarantee availability

***One application per person – photocopies are accepted**

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Sex: M _____ F _____

Email _____ DOB _____

Adult t-shirt (circle) S M L XL XXL*(Add \$2) *T-shirts cannot be guaranteed race day

Entry Fees (T-shirt included):

Walkers \$25 if registered by Sept. 25, 2009 \$ _____
 \$30 if registered Sept. 26 – Oct. 3

5K Runners \$30 if registered by Sept. 25, 2009 \$ _____
 \$35 if registered Sept. 26 – Oct. 3

10K Runners \$30 if registered by Sept. 25, 2009 \$ _____
 \$35 if registered Sept. 26 – Oct. 3

** Day-of registration will be held at the Isle of Palms Public Safety Building from 6:30 – 7:30 a.m.*

Sleep-In Rate (\$10 – must register by Sept. 29) \$ _____

XXL T-shirt* - \$2.00 \$ _____

Additional Donation (Tax deductible) \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

Liability Waiver and Release

In consideration of acceptance of the entry, I for myself, my heirs, personal representatives, and assigns, do hereby release the sponsors, race workers and officials of this race from any and all liability arising from illness, injuries and other damages I may suffer as a result of participation in such event. I affirm that I am physically trained for participating in this event and I am aware that participation in this event could in some circumstances result in severe physical soreness or injury. I also give permission for free use of my name and picture in the broadcast or written account of the event. I understand that the entry fee is non-refundable. Should race officials determine that completion of this event would be injurious to my health, I consent to being removed from the course and treated by the medical personnel in attendance or at their direction. Pets, cycles, baby strollers and headphones/earbuds are not allowed on the course for safety reasons.

Date _____

Signature of Applicant or Guardian (if under 18) _____