Registration Form: Please print clearly

I am walking _____ I am running _____ $25.00 non-refundable

Donation (optional) $_____

Name:_____ Age:_____ T-Shirt Size: S M L XL Other: _____

Address:_____ City:_____ State:_____ Zip:_____

MAIL ENTRIES TO: RI School for the Deaf, One Corliss Park, Providence, RI 02908-1795

In consideration of the acceptance of my entry in the Family Fest 5K Run and/ or Kids Race, I do hereby for myself, my heirs, my executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me, against Rhode island School for the Deaf, all of the sponsors, and any other persons connected with this event, individually or collectively, from all responsibilities for any injury to person or property during this event on May 10th 2014.

Signature:_____ Guardian Signature (If under 18):_____

If you cannot attend the race and/or would like to make a donation to the cause, please make donation out to Friends of RI School for the Deaf, a 501c3 organization. Donations are to be mailed to RI School for the Deaf at 1 Corliss Park, Providence, RI 02908. All donations are tax deductible. Please indicate donation is for RISD Deaf Campers For More Information: Please contact camprisd@rideaf.net or call us at 401- 222-3525