

**Children's Therapy Clinic**  
**Make a Miracle 5K Walk/Run and 10k Run**

Registration Form  
Coonskin Park Amphitheatre  
Saturday, August 7<sup>th</sup>, 2010 9am

Name \_\_\_\_\_  
(Please print)

Gender:      Male      Female      Age on day of race \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
(Name and relation)

Emergency Contact  
Phone \_\_\_\_\_

I am registering for:    5K walk      5K run      10K run  
(Circle one)

**Waiver and Release of Liability Statement**

Please carefully read the following Waiver & Release of Liability Statement, then sign your signature.  
**Minors under the age of 18 must have signature of their legal guardian for participation in this event.**

In return for permission by the Children's Therapy Clinic to participate in the 5K walk or run, or the 10K run, I release the Children's Therapy Clinic, Inc. it's members, volunteers, sponsor, donors, and any other participant from any claim for injury or loss that occurs to me, my child, my ward, or anyone else on whose behalf I am representing by my signature. In addition, I attest and verify that I am or the participant for whom I am signing is physically fit and have/has sufficiently trained for this event. I give permission to CTC to use any photo, video footage, etc that is taken during this event for use in future promotional materials.

Signature \_\_\_\_\_ Date \_\_\_\_\_

T-shirt size: (circle one)      Small      Medium      Large      XL  
(All adult sizes)      T-shirts guaranteed by July 15<sup>th</sup> registration.

**Fee: \$15.00 if postmarked by July 15th; \$20 thereafter.**

All proceeds provide therapy for special needs children who are economically disadvantaged

Mail fee & entry form to:    Children's Therapy Clinic  
113 Lakeview Dr.  
Charleston, WV 25313