

Sponsors & Donors

(Of walker/runner _____)

	Name	Phone #	Amount
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____

In lieu of registration fee, race participants may seek sponsors. A minimum of \$100 must be collected and turned in prior to the race start.

Make checks payable to:
Domestic Abuse Shelter
 P.O. Box 522696
 Marathon Shores, Fl. 33052

Ninth Annual No Name Race
Domestic Abuse Shelter, Inc.

REGISTRATION FORM

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Age: _____ Date of Birth: _____ Male: _____ Female: _____ (Check One)

Phone: (____) _____ Email: _____

T-Shirt Size: S M L XL WALKER RUNNER
 (Circle One) (Circle One)

I know that running/walking are potentially dangerous activities. I should not enter the run/walk unless I am medically able and properly trained. I agree to abide by the decision of a race official to my ability to safely complete the run/walk. In consideration of being accepted, I hereby assume all risks arising out of this event and release and hold harmless the sponsors, officials, volunteers, administrators and all other persons associated with the DAS Run/Walk, including Key West Southernmost Runners Inc., County of Monroe, from any and all liability claims, or causes of action of every kind and nature arising out of or relating to my participation in its event. I authorize officials of the run/walk to use their discretion to have me transported to a medical facility and take full responsibility for this action. I grant full permission to any and all of the foregoing to use any photography, videotapes, motion pictures, recording or any other record of this event for any purpose. I further understand that my entry fee is nonrefundable. PETS, BIKES, SKATES, SKATEBOARDS, ROLLERBLADES & HEADSETS ARE PROHIBITED ON THE COURSE DURING THE RACE. NO ONE MAY ENTER THIS EVENT WITHOUT SIGNING THIS OFFICIAL WAIVER.

 Signature of Entrant Date

 Signature of Parent or Legal Guardian (if under age 18) Date

Payment: _____ Bib Number: _____