



12th Annual Making Strides Against Breast Cancer 5K Run

This year's race will again feature chip timing!

Saturday, October 11, 2014 – 9:00 A.M. – Wilmington, DE

LOCATION: Dravo Plaza on Wilmington's Riverfront (South Madison on the Boulevard at the Shipyard Shops)

REGISTRATION: Registration opens at 7:30 a.m.; Race begins at 9:00 a.m.
Online registration and additional info: <http://www.makingstrideswalk.org/wilmingtonde>

AMENITIES: Certified fast and flat course
Chip timed
Snacks and water
Activities for participants & supporters include live music, MSABC store, face painting, vendors, etc.

AWARDS: Best overall male and female
1st and 2nd place male and female within individual age groups (14 and under, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70 and over)

ENTRY: Advance registration (includes t-shirt) - \$35
Day of event registration (includes t-shirt while supplies last) - \$45

MAIL CHECK, PAYABLE TO "American Cancer Society," WITH FORM BELOW TO:
American Cancer Society
ATTN: MSABC 5K Race Fee
92 Read's Way, Suite 205
New Castle, DE 19720

.....PLEASE PRINT CLEARLY.....

Last name _____ First name _____

Address _____

City/State _____ Zip _____ Race day age: _____ Date of birth ____/____/____

Sex: M F Phone: (____) _____ A.M. or P.M. Shirt Size (circle one): S M L XL 2X 3X

Email: _____@_____

WAIVER: I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I also know that there will be traffic on the course and assume the risk for running in traffic. I also assume any or all other risks associated with running or attending the race including but not limited to falls, contact with other participants, the affects of the weather and the condition of the roads, all such risks being known and appreciated by me. Knowing these facts, and in consideration of your accepting my entry fee, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge American Cancer Society, Making Stride Against Breast Cancer, any subcontractors it utilizes, all municipalities in which the race is held, the race committee, volunteers, any and all sponsors including their agents, employees, assigns or anyone acting for on their behalf, or anyone else associated in any way with the race, from any or all claims or liability for death, personal injury or property damage of any kind of nature what so ever arising out of, or in the course of, my participation in this event(s). This waiver extends to all claims of every kind or nature what so ever, foreseen or unforeseen, known or unknown. I HAVE READ AND UNDERSTAND THIS WAIVER: (if under 18, legal guardian must sign)

Signature: _____ Date: ____/____/2014