



## Registration Form

9<sup>th</sup> Annual Race for Traditions – April 27, 2013

Sponsored by



Augusta Winds Foundation

### Benefiting Mommy's Light<sup>®</sup> and Daddy's Light<sup>SM</sup>

All information is required. **One entry form per person please.** Entry form may be duplicated or printed from [www.familyliveson.org](http://www.familyliveson.org). Please make all checks payable to Family Lives On Foundation and mail check and entry to Family Lives On Foundation, P.O. Box 494, Lionville, PA 19353. Questions: [info@familyliveson.org](mailto:info@familyliveson.org) or (610) 458-1690.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Age: (day of race) \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
I Plan to Run: \_\_\_\_\_ Walk: \_\_\_\_\_ Note that walkers will not be timed

| Event<br>(check one) | Pre Registered<br>(closes April 21) | Race Day Fee<br>(after April 21) |
|----------------------|-------------------------------------|----------------------------------|
| 5K                   | ____\$25.00                         | ____\$30.00                      |
| 5K stroller          | ____\$25.00                         | ____\$30.00                      |
| 1 Mile               | ____\$20.00                         | ____\$25.00                      |
| 1 Mile Stroller      | ____\$20.00                         | ____\$25.00                      |
| Tot Trot (ages 2-5)  | ____\$5 Family Donation             | ____\$5.00 Family Donation       |
| ADDITIONAL DONATION  |                                     | \$ _____                         |
| TOTAL:               |                                     | \$ _____                         |

Please check your T-shirt size: Adult \_\_\_S\_\_\_M\_\_\_L\_\_\_XL

**T-shirts guaranteed to all 5K/1M pre-registrants – NO size guaranteed**

#### Liability Waiver

In consideration of this entry being accepted, I, intending to be legally bound, hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims I may have against Uwchlan Township, the event sponsors, beneficiaries, representatives, successors, and assigns for any and all injuries (including death) or property damages suffered by me at said race. I attest and verify that I have full knowledge of the risks of participating in the events and I am physically fit and sufficiently trained to participate in this event. Further, I hereby grant full permission to any and all of the foregoing including Uwchlan Township, the event sponsors, beneficiaries, representatives, successors, and assigns to use photographs, videotapes and other records, descriptions and accounts of this event for any purpose whatsoever.

\_\_\_\_\_  
**Signature (if runner/walker is under 18 years of age, signature of parent or legal guardian)**

**Please note that a liability waiver must be signed by each individual participant in order to participate in this event**

The official registration statement and financial information of Mommy's Light may be obtained from the Pennsylvania Department of State by calling toll-free within Pennsylvania, (800)732-0999. Registration does not imply endorsement. Information filed with the Attorney General concerning this charitable solicitation may be obtained from the Attorney General of the State of New Jersey by calling (973) 504-6215. Registration does not imply endorsement.