



2012 Kms for Care Registration Form - INDIVIDUAL EVENTS April 15, 2012

Please fill in ALL sections of this form and drop off at your local Community Care Peterborough office or mail to:
Attn: Kms for Care Registration, Community Care, 180 Barnardo Avenue, Peterborough, ON K9H 5V3

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Sex: Female Male Date of birth: _____

E-mail: _____ Age on April 15, 2012: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Choose Your Event:

✓	Event	Entry Fees			
<input type="checkbox"/>	1/2 Marathon Run	\$45 until Jan 15	\$50 until Mar 15	\$60 until Apr 14	\$65 on Race Day
<input type="checkbox"/>	1/2 Marathon Walk				
<input type="checkbox"/>	5 km Run	\$30 until Jan 15	\$35 until Mar 15	\$40 until Apr 14	\$45 on Race Day
<input type="checkbox"/>	5 km Walk				
<input type="checkbox"/>	1 km Fun Run	\$15 until Apr 14			\$20 on Race Day

Choose Your Shirt Size:

Technical Shirt (1/2 Marathon & 5 km events only): XS S M L XL XXL (unisex sizes)

T-shirt Size (1 km Fun Run only): XS S M L XL XXL (adult sizes)

Choose Your Method of Payment: (no refunds)

Cash Cheque enclosed (payable to Community Care Peterborough) MasterCard Visa

Card #: _____ Expiry date: _____

Name on credit card: _____ Cardholder's Signature: _____

I am fully aware and recognize the risks associated with participating in Kms for Care and acknowledge that these risks may cause serious injury to my health, including death. I also fully understand the rigors of such an event and that training and preparation are required, and certify that I am solely responsible for my own fitness level and am prepared and ready to participate in this event. I acknowledge that I may need medical assistance for an injury or illness and agree to accept the first aid that may be administered by the race organization. I also recognize that I will be solely responsible for any cost associated with a medical condition/injury inherited by participating in any of the events. I am aware and understand that any of the information I have provided to register may be listed on a safe protected website indicating the registered persons. I am also aware and give consent to any photographer that will be taking pictures at the event, and to the use of these photos in the media and/or to promote future events.

By signing this document, I acknowledge, understand and agree to all the terms outlined.

Signature: _____ Date: _____