



Run For Mercy 5K and Family Walk 2012 Registration Form

1. I'd like to register for: Monroe, LA: October 27

2. I am registering as a: 5K Participant (\$25) Virtual Participant (\$25)

3. Fundraising Goal: \$ _____

4. First Name: _____ M.I.: _____ Last: _____

Male Female Date of Birth: (month/day/year) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary phone: (____) _____ Mobile Phone: (____) _____

E-mail Address: _____

Emergency Contact: First: _____ Last: _____

Phone: (____) _____ Relationship: _____

5. I will pay my registration fee of \$25 by:

Credit Card: Visa Mastercard American Express Discover

Account #: _____ Exp: ____/____ CVN#: _____

Check: Please make checks payable to Mercy Ministries and mail with this form to:

P.O. Box 111060, Nashville, TN 37222

6. T-shirt size: S M L XL XXL

7. Join A Team Create a Team (optional)

Team Name: _____

8. Tell us where you first heard about Run for Mercy:

Community Event Mail/Postcard E-mail Internet Search or Link*

Friend/Family Print Ad* Social Media Television* Radio*

*Please specify: (include which magazine, online media, newspaper, TV or radio station)

9. Liability Waiver—Your Registration Form cannot be processed without a completed liability waiver.

I hereby waive all claims against Mercy Ministries, event sponsors and personnel for any injury I might suffer in this event. I understand that by agreeing to these terms I cannot seek legal action of any form at any time. I have read and accept the terms of this waiver.

(Signature)

(Date)

If under 18, signature of parent or legal guardian required below.

(Signature)

(Date)

Parent or legal guardian name (Please Print)

FOR OFFICE USE ONLY

Promo code: _____

REGISTRATION

Race Day

Phone

Event

Other: _____

T-shirt given

Paid by check

check # _____

Initial: _____

Date faxed to corporate: _____
