

# RUN TO FEED THE HUNGRY<sup>SM</sup>

**10K Run / 5K Fun Run / Walk**

benefiting  
Sacramento Food Bank & Family Services

## Thanksgiving Day

November 26, 2009

**10K starts at 8:45am – 5K 9:05 am**

**Fun Run/Walk begins after 5K start**

California State University, Sacramento

OFFICE USE ONLY
Bib #
Payment Type <input type="radio"/> Cash <input type="radio"/> Check <input type="radio"/> Credit Card

<p><b>RACE DAY</b></p> <input type="checkbox"/> Race Day Adult \$40 <input type="checkbox"/> Race Day Child* \$20	<p><b>DONATION</b></p> <input type="checkbox"/> Please accept my additional donation* of \$ _____ (charitable tax #94-3315566) *e-mail required for donation receipt
<p><b>REI Roseville/Folsom</b></p> <input type="checkbox"/> Untimed Adult \$35 <input type="checkbox"/> Untimed Child* \$20 *Child is age 15 and under	

**HELPFUL TIPS:**

- There are only 12,000 timed registration spaces available.
- Only pre-registered participants are guaranteed a T-Shirt
- **Make check payable to SFBFS**
- Only one person per entry
- Complete and sign waiver on each entry
- Include all required fields
- **Make sure your address information is the same as your credit card billing address**

SEX  M  F    AGE\* (on Race Day)      ADULT  S  M  L  XL  XXL    KIDS  S  M  L

circle one      \*Required      t-shirt — please circle one

FIRST NAME

LAST NAME

ADDRESS

CITY  STATE  ZIP

CONTACT E-MAIL\*  PHONE\*

\*Required – used exclusively for race related updates

\*Required

**Waiver and Signature:** In consideration of your accepting my entry, I, intending to be legally bound, do hereby for myself and my heirs, executors, administrators waive and release any and all rights and claims for damages I may accrue against the persons and organizations affiliated with the race including but not limited to Sacramento Food Bank and Family Services, City of Sacramento, CSUS, Scottish Rite Temple, Capital Road Race Management, all sponsors, volunteers, staff, subcontractors, agents, attorneys, and representatives for any and all injuries that I may suffer while participating in the event or en route to and from the event. I consent to the use of my image in photos, videos and audio recording and film, of my participation in the event. I attest that I am physically fit and sufficiently trained for this competition, my physical condition verified by a licensed M.D. during the last 6 months. As part of the waiver, I acknowledge that I have read and understand all of the above.

SIGNATURE:  DATE:

**ALL ENTRANTS MUST SIGN WAIVER. UNSIGNED ENTRIES CANNOT BE ACCEPTED (PARENT/GUARDIAN IF UNDER 18).**

All entrants must have separate entry form, copies accepted.

Make check payable to Sacramento Food Bank & Family Services, or "SFBFS"

PAYMENT  VISA  MC  AMEX    Card#       Exp MO  YR

(Charge will show up on your statement as Sac Food Bank/Run)

NAME ON CARD

print clearly

CONTACT PHONE NUMBER -- SIGNATURE

**\*We cannot process your registration without the required (shaded) fields indicated**