



## Northwest HOPE & HEALING

**Alki Beach 5k Walk & Run, Alki Beach Bathhouse  
Sunday August 28, 2011, 8:00am check-in, 9:00am Start**

### Registration Form

Please complete & return this form and return it with your registration fee. One form per person.  
Please make checks payable to **Northwest Hope & Healing** & mail to the address below.

Name: \_\_\_\_\_ Birth date \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Please check all appropriate answers:

Early Bird \$30 (before July 10<sup>th</sup>)     Pre-Registration \$35 (July 11<sup>th</sup>-August 27<sup>th</sup>)

Day-Of Registration \$40.00    **Kids under 6 are FREE (no shirt)**

**All paid participants will receive a logo tech shirt**

Gender (circle): Male/Female    Team Name: \_\_\_\_\_

T-Shirt Size (circle one): Small    Medium    Large    XLarge    XXLarge

I am a walker     I am a runner     I am a Survivor

In addition to my registration fee, I would like to **donate \$25** to fund a Healing Basket for a woman who is newly diagnosed with breast cancer. Enclosed is my donation and registration fee.

### Release & Waiver

I know that participating in a walk/road race is a potentially hazardous activity. I should not enter and walk/run unless I am medically able and properly trained. I agree to abide by any decision of race official relative to my ability to safely complete the event. I assume all risks associated with participating in this event including, but not limited to falls, contact with other participants, the effects of weather, including high heat, traffic and the conditions of the road, all risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of accepting my entry, I, for myself and anyone entitled to act on my behalf waive and release Northwest Hope & Healing Foundation, Swedish Medical Center, Swedish Medical Center Foundations, City of Seattle, Kiwanis International, Kiwanis Club of West Seattle, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participating even though said liability may arise out of my negligence or carelessness on the part of the persons named in this waiver. I grant permission for all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

**ENTRIES CANNOT BE ACCEPTED WITHOUT A VALID SIGNATURE!**

EVENT CAPACITY IS LIMITED. REGISTRATION IS NOT GUARANTEED UNTIL YOU RECEIVE CONFIRMATION.

Once we receive your registration, we will mail/e-mail you participant information.

**Signature & Date:** \_\_\_\_\_

**Signature of Parent or Guardian (if under age 18):** \_\_\_\_\_

**Emergency Contact & Phone Number:** \_\_\_\_\_