REGISTRATION FORM

Name:		
Address:		
City:	State:Zip:	
E-mail:		
Sex: M / F Date of B irth: //		
All Participants must be 21 Years old by 7/24/17		
WAIVER AND RELEASE OF LIABILITY In consideration of the permitting me to participate in Robbie's 5 K Run, on behalf of its so, release & waive any & all rights & claims known & unknot Charities, as well as any other person or groups connected which I may suffer while taking part in this event. Additionally employees as well as other persons, or groups connected with I, the undersigned, give my general consent to RMH & Gravideotapes of me for use by RMH & Grampy's Charities. I undersigned, give my general to be held on 7/24/17, fother use deemed suitable by RMH & Grampy's Charities. I hauthorized agents for all legal responsibility for the use of pho-	nyself & my heirs, I hereby won, which I may have agains with this event, their heirs, I waive any right to bring suthis event, for any & all of the mpy's Charities to take, relerstand that the photos or or the benefit of RMH & Grereby release & agree to ho	roluntarily, knowing, & with express intention of doin at Ronald McDonald House of Providence & Grampy' assigns & successors, for any & all injuries or image uit or action against RMH & Grampy's Charities & the he aforesaid injuries. Droduce & use, as described below, photographs of tapes may be taken only with the consent of RMH & Grampy's Charities within or outside the agency, or an Id harmless RMH & Grampy's Charities and their dul
Your Signature:		Date:
Grampy's Charities is a 501 (C) 3	non-profit organization Fed	eral Tax ID # 20-0523402

Please send payments to: Grampy's Charities, 261 Ledyard Street, New London, CT 06320

			\$ AMOUNT
	SPONSOR'S NAME	ADDRESS or E-MAIL	PAID
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
	·	TOTAL	

Registration Fee: Raise \$500 or more by 7/24/17. Fee Includes - Race, Gala, T-shirt & Bag. Payable by check, cash or credit card at the event or collect pledges online at grampys.org Make all checks payable to: Grampy's Charities. Ask your sponsors to write your name on the bottom left corner of the check. Make as many copies of this form as needed. Questions? Please contact Jim Castle (860) 235-6973.