



Online:

runsignup.com/Race/PA/Pittsburgh/8thAnnualPassavantHospitalFoundationRunWalk

Mail: Send your completed registration form with payment to:

Run/Walk
Passavant Hospital Foundation
9100 Babcock Blvd.
Pittsburgh, PA 15237

Phone: 412-748-6641 **Email:** posaaa@upmc.edu

First Name: _____ **Last Name:** _____ **MI:** _____

Birth Date: _____ **Age on 8/14/2020:** _____ **Gender:** Female/Male

E-Mail: _____ **Phone:** _____

T-Shirt Size (Unisex): _____ **Small** _____ **Medium** _____ **Large** _____ **X-Large** _____ **2X-Large**

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Race (Circle): 4K Race or 8K Race

Waiver and Release:

Liability Waiver and Race Agreement: I know that participating in the Passavant Hospital Foundation Annual Run/Walk is a potentially hazardous activity. I should not enter and participate unless I am medically able and properly trained. I assume all risks associated with participating in the Passavant Hospital Foundation Run/Walk activities including, but not limited to falling, contact with other participants, contact with any equipment being used by me or around me, the effects of weather, traffic and the conditions of the roads or pavement, and all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my application, I, for myself and anyone entitled to act in my behalf, waive and release any and all sponsors including but not limited to, Passavant Hospital Foundation, property owners, their employees, race officials, volunteers, and all sponsors, the representatives, and successors from all claims of liability of any kind arising out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for legitimate purposes.

Sign Here: _____ **Date:** _____

Registration

Registration Packets will be available on Monday, August 3, 2020 for Curbside Pick Up.

If you wish to have your packet mailed a \$5.00 Fee will be added to your registration.

If you wish to have your packet mailed, please fill your address out:

Check Enclosed: \$_____ (Please Make Checks Payable to Passavant Hospital Foundation)

Credit Card (circle): American Express Discover Visa MasterCard

Card #: _____ **CVV Code:** _____

Expiration Code: _____ **Billing Zip Code:** _____