

Lisa's Legacy 5K Run/Walk

Championing a Cure for all Cancers

Register online www.lisaslegacyfund.org

Race October 18
Pre-registration deadline is October 13!



Registration Form Please Print

Name: _____

Street: _____ Phone: _____

City: _____ State: _____ ZIP: _____

E-mail Address: _____

Sex: _____ Age: _____ T-shirt Size: **S M L XL**
(circle one)

I am competing in: 5K Run/Walk 1 Mile Family Fun Walk
 I cannot participate, but would like to make a donation to the Lisa's Legacy 5K Run/Walk.

Indicate Method of Payment:

_____ Check payable to Lisa's Legacy Fund
_____ Visa _____ MasterCard _____ Amex

Name on Card: _____

Exp. Date: _____

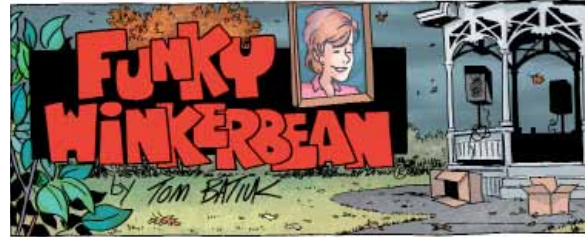
Account #: _____ Security Code: _____

Total Amount: _____
In consideration of your accepting this, I hereby for myself, heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against, the City of Cleveland and HMA Promotions, and all private property owners along or contiguous to the Course of the Run, their agents, representatives, successors and assigns for any and all injuries suffered by me in this event. I further attest and certify that I am physically fit and am sufficiently trained for competition in this event.

X _____
Signature

X _____
Parent's Signature (if entrant is under 18 years of age)

Help us make it
a successful race.




University Hospitals
Ireland Cancer Center
11000 Euclid Avenue
Cleveland, OH 44106

 University Hospitals
Ireland Cancer Center



Lisa's Legacy 5K Run/Walk



Championing a Cure
for all Cancers

Sunday, October 18, 2009
University Circle

