2017 Memphis to Mobile St. Jude Run
Commitment / Waiver Form

Name: _____ **Date of Birth:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell:** _____ **Work:** _____

Email: _____

Emergency Contact Name: _____

Tee Shirt Size: (circle one) Men's: small medium large x-large xx-large
Women: small medium large x-large xx-large

This will be my ____ year on the St. Jude Run. I can consistently run ____ minute mile pace.

FUNDRAISING COMMITMENT/ TAX FORM:

I acknowledge and accept the responsibility to raise at least $2,000 for St. Jude Children's Research Hospital as a requirement to participate in the Memphis to Mobile St. Jude Run. I understand that I will be billed for the balance of funds if my donation goal is not achieved. I understand my $50 entry fee will count towards that amount ant that my entry fee is non-refundable, even if I do not participate in this event. I understand that I must have $1000 raised before departure for Memphis on Wednesday October 25, 2017, and the remainder of my funds raised by December 29, 2017.

WAIVER AND SAFETY AGREEMENT:

In signing this release, I for myself, my heirs, executors, administrators and assigns, do hereby waive any and all claims I may have for damages against the St. Jude Runners Association, the St. Jude Children's Research Hospital in Memphis, TN, sponsors, the cities in which I run, and any parties connected with this event. I attest and verify that I have full knowledge of the risks involved in the event and that I am physically fit and trained to participated. I grant full permission for the organizers to user photographs of me and quotations from me in legitimate accounts and promotions of this event.

I agree to the following safety rules that are required in order to participate:

- I will wear a runner's safety vest at all times while running in this event
- I will not wear headsets, headphones, or other listing devices, etc. in my ears while running because they could hinder me from hearing warnings or instructions from organizers, other runners, volunteers, or police.
- I will follow all other rules and instructions from the organizers.
- I acknowledge that I am at least 16 years old in order to participate in this event, and I will provide a valid driver's license for insurance records.
- I will fill out a medical form in order to participate in this event.
- I will submit a $50 non-refundable entry fee (check made payable to St. Jude Runs).

SIGNATURE _____ DATE _____
(If under 18, include parent's or guardian's signature) (Due date: October 18, 2017)

Please deliver or mail to Lesley Spivey, P.O. Box 850051, Mobile, AL 36685

Facebook Memphis to Mobile
mem2mobile@gmail.com

ST.JUDE MEMPHIS TO MOBILE RUN

Join us on the journey of Finding Cures... Saving Kids

www.mobilestjuderun.org

St. Jude Children's Research Hospital
ALSAC • Danny Thomas, Founder