

STEEL



Lillies

www.steellillies.org

Supporting Sarcoma Research at
the James P. Wilmot Cancer Center-
University of Rochester

REGISTRATION FORM

3rd Annual STEEL Lillies

5K Run-Walk/1 Mile Fun Walk

Sunday, June 8th, 2014 9:30am start

Webster Recreation Center-

1350 Chiyoda Drive, Webster NY

Check-in Begins at 8:00am

Cost: \$ 30 Adults; \$15 Students

More info at www.steellillies.org

For any questions, sponsorship info, volunteer info, please contact Deni Bayer at dbayer31@gmail.com

Thank you to our sponsors for their support!

Name: _____

Email: _____

Phone: _____

Please make your check payable to: James P. Wilmot Cancer Center & include Steel Lillies in the memo line.

Checks can be mailed to: Steel Lillies, 40 Humboldt Street, Rochester NY 14609

Adult Student

Shirt size (circle one): YL AS AM AL AXL AXXL

Waiver and Release

Standard Waiver (must be signed by all participants): I know that participating in the 5K is a potentially hazardous activity which could cause injury or death. I should not enter and participate unless I am medically able, and by my signature I certify that I am medically able to participate in this event and am in good health. I agree by any decision of the program coordinators relative to any aspect of my participation of this event and program, including the right of any coordinator to deny or suspend my participation for any reason whatsoever. I assume all risks associated with running in this event, included but not limited to falls, contact with other participants, the effects of the weather (including cold, heat, and humidity), traffic and the conditions of the road all such risks being knowing and appreciated by me. Having read this waiver and knowing these facts and in consideration for your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release any volunteers, any city, county, state and national government entity responsible for areas used in conjunction with this event, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising from my participation in this event, even though that liability may arise out of negligence or carelessness on the part of persons named in this waiver.

Signature: _____

(Parent signature if participant is under 18 years of age)

WILMOT
CANCER CENTER

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