

# TRISOMY 18 FOUNDATION

*Building a Community of Hope through Support, Advocacy, and Research*



## Butterfly Flutter 5K

October 5, 2014 11:00 am

Wicker Memorial Park 8554 Indianapolis Blvd. Highland, Indiana 46322

**Register by September 14th to be guaranteed a t-shirt!**

After September 14th, shirt is on a first come, first serve basis.

Register online for only \$25 with a \$2.50 processing fee for each registration at [RunSignUp.com](http://RunSignUp.com)

Top overall male & female finishers; Top male & female masters; Top three finishers in each age group:

14 & under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-75, 76-79, 80+

Packet pick-up: Advanced pick-up on Saturday, October 5th from 1pm-4pm at Wicker Memorial Park. Race Day pick-up begins at 10:00 a.m. Please bring waiver to turn in at packet pick-up.

Family friendly 3.1-mile run/walk. Computerized timing provided by T&H Timing. All proceeds are to benefit the Trisomy 18 Foundation. The foundation's mission is to encourage the search for treatments and preventions of Trisomy 18, to educate medical professionals, and to create a caring worldwide community for affected families.

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### Runner Registration Form & Waiver

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M or F

Emergency Contact: (Name/Phone) \_\_\_\_\_

Shirt Size (circle one): SM, MED, LG, XL, XXL

In signing this form, I assume all risk and responsibility associated with participating in this event. I agree to waive any responsibility for injury or loss for the race organizers, sponsors, volunteers, the Trisomy 18 Foundation or any other entity associated with this event. I grant permission to the above use of my image via photographs, video recordings or any other record of this event for any legitimate event purpose. I verify that I am physically fit and have trained sufficiently for this event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature, if participant is younger than 18 years old.