



of Syracuse, Inc.

2nd
ANNUAL

Road to Emmaus Walk & Run

TAKE A STEP TO HELP THE HOMELESS

THIS IS NOT A RACE! Join us for a 12k group run or 2 mile walking tour of the "Mission District" of Syracuse and learn first hand about the plight of the homeless and how Emmaus Ministry and other organizations are working to meet their needs.

**FOR YOUR ENTRY TO EITHER THE 12K RUN OR 2 MILE WALK
PLEASE DONATE ONE OR MORE OF THE FOLLOWING ITEMS.**

FOOT CARE ITEMS:

- Men's NEW white socks (Hanes, Nike, Reebok brands)
- Women's NEW white socks (Hanes, Nike, Reebok brands)
- Men's & Women's NEW or slightly used waterproof winter boots, running shoes or sneakers

PERSONAL CARE ITEMS:

- Toothbrushes • Toothpaste • Bar Soap • Deodorant • Diapers
- Shaving Cream • Razors • Shampoo • Feminine products

SHELTER NEEDS:

- NEW pillows, twin sized sheets, pillowcases or blankets
- NEW wash cloths and towels

ENTRY FORM (Mail to: Road to Emmaus Ministry - Walk & Run PO Box 15224, Syracuse, NY 13215)

NAME _____ AGE _____ TEAM (OPTIONAL) _____

(ON DAY OF EVENT) _____ (GROUP, CLUB, ORGANIZATION OR CHURCH YOU'RE REPRESENTING) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ CELL _____ EMAIL _____

SEX: MALE FEMALE

EVENT: 12K GROUP RUN 2 MILE WALK

I WOULD LIKE TO HELP PLEASE SIGN ME UP AS A VOLUNTEER (We will contact you with an assignment. Thank you.)

OPTIONAL T-SHIRT \$15 ea. Proceeds benefit Emmaus Ministry. See box to right for payment information. Thank you.

SHIRT SIZE: X-SMALL SMALL MEDIUM LARGE
 X-LARGE XX-LARGE XXX-LARGE

NUMBER OF SHIRTS: _____

TOTAL (\$15 PER SHIRT): _____

EMERGENCY CONTACT INFORMATION

NAME _____ PHONE _____

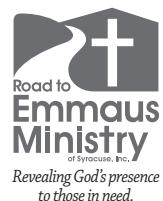
PLEASE READ AND SIGN WAIVER

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the Event Director, RunSignUp.com, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I know that running and walking are potentially hazardous activities. I should not enter and run or walk in this event unless I am medically able to do so and properly trained. I assume all risks associated with running or walking in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typical found in a running or walking event. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any event official relative to my ability to safely complete the run or walk. I certify as a material condition to my being permitted to enter this walk and run event that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition. In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver. Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

SIGNATURE _____ DATE _____

PARENT'S SIGNATURE (IF UNDER 18 YEARS OF AGE) _____ DATE _____

If you cannot walk or run with us on July 15th but would like to make a monetary donation please send checks payable to: Road to Emmaus Ministry



Mail to: Road to Emmaus Ministry
PO Box 15224
Syracuse, New York 13215