



OFFICE USE ONLY

CHECK NO: _____

CASH: _____

OFFLINE REGISTRATION FORM

I want to participate! Check one:

- 5K Race (\$40 in-person registration form)
- 5K Walk (\$40 in-person registration form) **(ONLY RUNNERS WILL BE OFFICIALLY TIMED)**
- 5K Run/Walk – Child (8 & Under) (\$10) **(ONLY RUNNERS WILL BE OFFICIALLY TIMED)**
- Race-day Volunteer (no fee)

Race Day registration and packet pickup starts 6:30 AM | Fiesta 5K Race and Walk start 8:00 AM

Name: _____ Age on Race Day: _____
First Last

Sex: Female Male Date of birth: ____ / ____ / ____
mm dd yyyy

Address: _____ Daytime phone: _____

City: _____ State: ____ ZIP: _____ Email: _____

TEAM NAME: _____

Emergency Contact Name and Phone Number: _____

I opt to WAIVE my 2016 Fiesta 5K t-shirt: _____ (Check here to waive race t-shirt)

Shirt size (circle one): YS YM YL YXL S M L XL XXL

NOTE: Only First 1800 paid participants and race-day volunteers will receive a Fiesta 5K t-shirt; size/availability not guaranteed on race day or for late registration.

I have enclosed an additional donation in the amount of \$ _____

Total enclosed: \$ _____ (Please make checks payable to Packard Center for ALS Research)

Waiver (MUST BE SIGNED): I understand that participating in the event can potentially be a hazardous activity presenting risk. For consideration of participation in the event, I freely accept and voluntarily assume the risks of personal injury, including death, or property damage that may result. I, and anyone entitled to act on my behalf, waive and release from all claims and liabilities of any kind arising out of my participation. I agree to hold harmless the Packard Center for ALS Research at Johns Hopkins, the Johns Hopkins University, the Johns Hopkins Health System, Charm City Run, the race director, Power Plant Live!, corporate sponsors, cooperating organizations and all parties connected with this event from any liability as a result of my participation. I will permit emergency treatment in the event of injury or illness while participating and give permission to use my name and photo taken of me during the event in any promotional material, publication, or on the website. I understand that the Packard Center for ALS Research and Charm City Run withholds the right to dismiss anyone that may cause disturbance. I certify that I have read and understand the intent of this waiver and release.

Signature (parent signature if registrant is under 18)

____/____/____
Date

Registrations must be postmarked by April 29, 2016

Packard Center Fiesta 5K

5801 Smith Avenue | McAuley Suite 110

Baltimore MD 21209

Make checks payable to **Packard Center for ALS Research**

For more information contact Suzie Connelly at 443-564-0977 or sconnel6@jhmi.edu

REGISTER ONLINE AND EVENT DETAILS AT www.fiesta5K.com

All proceeds from the Fiesta 5K benefit the Robert Packard Center for ALS Research at Johns Hopkins