



**OFFICE USE ONLY**

CHECK NO: \_\_\_\_\_

CASH: \_\_\_\_\_

**OFFLINE REGISTRATION FORM**

**I want to participate!** Check one:

- 5K Race** (\$35 early bird before 3/1 - \$40 after 3/1 and in-person registration form)
- 5K Walk** (\$35 early bird before 3/1 - \$40 after 3/1 and in-person registration form)
- 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 2019 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 750 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 26, 2019**  
 Packard Center Fiesta 5K  
 550 Broadway, Suite 722  
 Baltimore MD 21205  
 Make checks payable to **Packard Center for ALS Research**

For questions and more information contact [fiesta5k@jhmi.edu](mailto:fiesta5k@jhmi.edu)  
**REGISTER ONLINE AND EVENT DETAILS AT [www.fiesta5K.com](http://www.fiesta5K.com)**