

Sherry's House All-Star Marathon Team

Registration Form

Please complete this form in its entirety to join the All-Stars Bermuda International Marathon on January 17, 2010. A fee of \$100 is required to secure your traveling space. Upon receipt, fundraising, training and informational resources will be sent to you.

As a member of Sherry's House All-Star Marathon Team and a participant in the Bermuda International Marathon, I understand that all donations are non-refundable and that 100% of the net proceeds of this event will be used exclusively to benefit the endowment for Sherry's House.

I plan to run or walk: _____ the full marathon _____ the half marathon _____ 10K race
_____ Bermuda Triangle (1 mile, 10K and Half or Full marathon)

Personal Running/Long Distance Walking Experience:

I have run a marathon before _____ This is my first marathon _____

I am an advanced _____ intermediate _____ beginner _____ runner _____ walker _____

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Home Phone: () _____ Cell or Work Phone: () _____

Date of Birth ___/___/___ Age Day of Race _____ Tshirt/Singlet Size: ___/___

Wording on back of singlet: _____

GUEST INFORMATION:

_____ Yes, I will be traveling with a guest (participant or nonparticipant) who will either pay Why Me directly for the discounted package we have arranged (airfare and hotel accommodations) or will travel for **FREE** because you have reached the **\$5,000** fundraising incentive goal.

_____ I AM NOT A PARTICIPANT but will be traveling as a guest of a participant and will pay Why Me directly for the discounted package available (airfare and hotel accommodations).

_____ No, I will not be traveling with a guest.

Please note: All guest participants must also complete all 3 pages.

Sherry's House All-Star Marathon Team

Participation Agreement

To qualify as a participant, this form must be signed and included with the information necessary for sign up and mailed/faxed to Sherry's House.

A \$100 non-refundable (tax deductible) Registration Fee is required to participate as a member of Sherry's House All-Stars. Application fees will be counted toward your total collected pledges. If paying by check, please make payable to Sherry's House.

Payment by check: Check # _____ Cash: _____

Payment by credit card: _____ Mastercard _____ VISA _____ American Express _____ Discover

Card Number: _____

Expiration Date: ____/____ Name as it appears on card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Please sign, date and keep one copy for your files.
Mail completed Participation Agreement and all forms to:

Paula Mondino, Registrar
Sherry's House
1152 Pleasant Street
Worcester, MA 01602

Fax: (508) 756-5119

Sherry's House All-Star Marathon Team

LIABILITY RELEASE FORM

I, _____, intending to be legally bound, understand and agree that I am participating as a member of Sherry's House All-Star Marathon Team for the Bermuda International Marathon Fundraising Event at my own request and at my own risk. I acknowledge that I am aware of all of the risks inherent in this event and certify that I am physically fit, have not been otherwise informed by any physician and know of no restrictions imposed on me by my own physician that would in any way prevent me from actively participating in this Event.

In consideration of being permitted to participate in this Event, I, on behalf of myself, my successors in interest, heirs, assignees and representatives, hereby fully release and agree to hold harmless Why Me & Sherry's House and its affiliates, their Officers, Trustees, agents, employees, and representatives, successors and entities, (be they individuals or organizations, singly and collectively), together with their insurers, of and from any and all liability, claims, damages, or causes of action for any reason, including, without limiting the generality of the following: death, bodily injury, property damage, or any other loss or inconvenience whatsoever, suffered by me at any time hereafter occurring as a result of my voluntary participation in this Event (Liabilities).

I also give permission for the use of my name, picture, voice, and likeness in any broadcast, telecast, print account or any other account in any medium of this Event, without expectation of remuneration.

Date: _____

Signature: _____