

FIRST ANNUAL LEGACY 5 KM RUN/WALK

Sunday, April 19, 1998, 10:00 a.m.
 Legacy Community at 9th line and 14th Avenue, Markham
 In Support of Cardiac Monitoring System for
 Markham Stouffville Hospital



Sponsored by:

MILO **IBM** **NIKE**

EMERSON

ECONOMIST & SUN, STOUFFVILLE/UXBRIDGE TRIBUNES

In Support of



For more information please contact the Run "Hotline" at (905) 472-7373 ext. 3990

Markham Stouffville HEARING services Ltd.

377 Church St. Markham - Suite 203
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PLEDGE FORM

NAME _____ APT. No _____
 ADDRESS _____
 CITY _____ POSTAL CODE _____
 HOME TEL./BUS TEL _____ COMPANY NAME _____

SPONSER'S NAME	ADDRESS/CITY	POSTAL CODE	COLLECTED	PLEGGED	CASH/CHEQ.	RECEIPT REQD.
John Smith (Sample)	55 John Street	M5Y 3P6	\$25.00	\$25.00	Cash	Yes

DATE _____ FUNDRAISER'S SIGNATURE _____ THIS FORM MAY BE PHOTOCOPIED
 Date _____ Amount Forwarded: _____

PLEASE PHOTOCOPY AND DISTRIBUTE TO YOUR TEAMMATES. PRIZES WILL BE AWARDED TO CORPORATE TEAMS IN VARIOUS CATEGORIES. ALL TEAM PRIZES WILL BE MAILED TO THE ABOVE ADDRESS 5-8 WEEKS FOLLOWING RECEIPT OF PLEDGE SHEET. PLEASE MAKE CHECKS PAYABLE TO MARKHAM-STOUFFVILLE HOSPITAL FOUNDATION. CONTRIBUTIONS OF \$10 OR MORE WILL AUTOMATICALLY RECEIVE A RECEIPT. PLEASE BRING SHEETS AND MONEY WITH YOU ON RUN DAY OR DROP OFF AT THE MARKHAM-STOUFFVILLE HOSPITAL FOUNDATION.

Please print _____
 Date _____ Name _____ Signature _____

Team Captain (1) _____
 Runner 2 _____
 Runner 3 _____
 Runner 4 _____
 Runner 5 _____

Team Name _____

Corporate Team Criteria: * Minimum/maximum 5 members per team (all male, all female, co-ed)
 * All declared members must finish race to be eligible for prizes * Co-ed teams must have a minimum of 2 members from opposite gender to be eligible to win prizes * Corporate team entry fee is \$200.00 per team. Each member will receive 1 T-shirt, Corporate name acknowledgment on site (Corporate Team Board), Piece of merchandise e.g. Nike running bag.

ENTRY FORM

PLEASE COMPLETE ENTRY FORM AND SIGN THE WAIVER

RUN WALK

NAME (Last) _____ (First) _____
 DATE OF BIRTH Y _____ M _____ D _____
 SEX M F AGE _____

ADDRESS _____
 City _____
 Prov. _____
 P Code _____

T-SHIRT SIZE Small Med Large XLarge

PHONE (H) _____ (W) _____

MEDICAL INFORMATION:
 Medical Problems _____
 Medications Used _____

PAYMENT METHOD Amount Paid \$ _____
 AMEX VISA MC
 Cash Cheque Other

Card _____
 Expiry Date Y _____ M _____ Note: NO REFUNDS
 Cash or Cheque only at local Running Room Stores

By signing this waiver, I hereby acknowledge and agree to the following conditions of my participation and the permission to participate as an entrant or competitor in the Legacy 5km Run/Walk 5 or for myself, my heirs, executors, administrators, successors and assigns. I HEREBY RELEASE WAIVER AND FOREVER DISCHARGE the sanctioning bodies and sponsoring companies, the claims, demands, damages, costs, expenses, action and causes of action whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWSOEVER CAUSED, arising or to arise by reason of my participation in the said event, whether as a participant or spectator, volunteer or official, whether prior to, during or subsequent to the event AND NOTWITHSTANDING that the same may have been contributed to or occasioned by the negligence of any of the aforesaid. I HEREBY UNDERTAKE TO HOLD AND SAVE HARMLESS AND AGREE TO INDEMNIFY all of the aforesaid from and against any or all liability incurred by any or all of them arising as a result of or in any way connected with my participation in this event BY SUBMITTING THIS ENTRY, I ACKNOWLEDGE, HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE WAIVER, RELEASE, and INDEMNITY WARRANTY and I am physically fit to participate in this event.

SIGNATURE _____
 PARENT/GUARDIAN (IF UNDER 18 YRS) _____

PRIZES

CORPORATE TEAMS	# of prizes
Top finishing male team	5
Top finishing female team	5
Top finishing co-ed team	5
Top pledge collector team	5

WALKERS CATEGORY	# of prizes
Top walker pledge collector	1

RUNNERS CATEGORY	# of prizes	ELEMENTARY SCHOOL 2 GRADE CATEGORIES	# of prizes	HIGH SCHOOL	# of prizes
(all participating runners)		(K-gr. 4) and (grade 5-8)		(Gr. 9: OAG)	
* Top 3 male finishers	3	Top 3 finishing Males	6	Top 3 finishing Males	3
* Top 3 female finishers	3	Top 3 finishing Females	6	Top 3 finishing Females	3
* Top male pledge collector	1	Top elementary school pledge collector	1	Top high school pledge collector	1
* Top female pledge collector	1				

Race Kit Pick-Up at one of the following locations:

- Apr. 15 - 18 Markville Mall & Markham/Stouffville Hosp. Wed.-Fri. 5-8 p.m. Sat. 11-5 p.m.
- Apr. 15 - 17 5-8 p.m. Running room Commerce Court Store
- Apr. 18 10-5 p.m. Running room Yonge Street Store

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