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2004

ON YOUR MARK GET SET FOR THE ....2004 LEGACY RUN OR WALK!

In support of Markham Stouffville Hospital

SUNDAY, APRIL 25TH

JOIN IN THE FUN!

REGISTER EARLY (by April 16th) AND ONLY PAY $25 for your Registration fee!
The First 1500 Participants will receive an Event long sleeved T-Shirt.
Collect Pledges and earn fabulous BROOKS merchandise!

ENTRY FORM

Please complete one Entry Form per individual

Last Name: ____________ First Name: ____________

Address: ____________

City: ____________ Prov: ____________

Postal Code: ____________ Phone#: ____________

E-mail address: ____________

☐ Male ☐ Female Age ____ (Age required to be eligible for prizes)

☐ TEAM OR SCHOOL CATEGORY:

Team Name: ____________

School Name: ____________

REGISTRATION FEES: (no refunds will be issued)

PRIOR TO APRIL 16th

- $25 Adults (waived if $100 or more in pledges is submitted by April 16) Adult fee includes: Event shirt, race kit and registration*
- $200 TEAM entry fee (waived if $500 or more in pledges is submitted by April 16). See Team Challenge flyer for details.

Elementary & Secondary School Students:

- $20 or more in pledges includes: Event shirt, race kit and registration*
- Under $20 in pledges – minimum of $5 includes: registration only*

*Registration includes: race bib, timing chip, lunch, and eligibility for prizes and draws.

AFTER APRIL 16th

- $30 Adults
- $20 Student registration fee

☐ PAYMENT METHOD:

☐ AMEX ☐ VISA ☐ MC ☐ Cash

Cheque (payable to Markham Stouffville Hospital Foundation)

Card #: ____________

Name on Card: ____________

Expiry Date: M ______ Y ______

Signature: ____________

2004 LEGACY RUN or WALK – RELEASE & INDEMNITY

Release, Waiver, and Indemnity. In consideration of the acceptance of my application and the permission to participate as an entrant or competitor in the Legacy 5KM Run or Walk, I, for myself my heirs, executors, administrators, successors and assigns HEREBY RELEASE, WAIVE, AND FOREVER DISCHARGE the sanctioning bodies and sponsoring companies, from any and all 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 spectator, participant, competitor, or otherwise, 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 HAVING READ, UNDERSTOOD, AND AGREED to the above WAIVER, RELEASE, and INDEMNITY. I WARRANT that I am physically fit to participate in this event.

Signature: ____________

Parent/Guardian: (if under 18 yrs.) ____________

PLEDGE FORM

Last Name: ____________ First Name: ____________

Team or School Name: ____________ ☐ ☐ ☐

Address: ____________ City: ____________

Postal Code: ______ Phone#: ______ Male Female Age: ______ Years participated: ______

Please print clearly to enable the MSH Foundation to provide receipts for amounts of $20 or more.

Sponsor's Name	Address / City	Postal Code	Phone#:	$ pledged	Cash (✓)	Cheq. (✓)	Receipt Req'd. (✓)
John Smith (Sample)	1 Legacy Drive, Markham	L3P 1B2	(905) 555-5555	$30.00	✓		✓

Total $ collected: ____________

Fundraiser's Signature: ____________ Date: ____________

*This form may be photocopied. *Please note: Pledges cannot be submitted via on-line registration.*
Visit our website at www.legacy5k.ca for printable entry & pledge forms.

EVENT INFORMATION

DATE: Sunday, April 25, 2004
TIME: 10:00 a.m. SHARP! (Rain or Shine)
PLACE: Legacy Community at 9th line and 14th Avenue, Markham

Event may be cancelled if threat of dangerous weather conditions.

REGISTRATION FEES:

PRIOR TO APRIL 16th

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*Registration includes: race bib, timing chip, lunch, and eligibility for prizes and draws.

AFTER APRIL 16th

- $30 Adults
- $20 Student registration fee

Race kits and Event shirts for first 1,500 registered participants.

REGISTRATION / PLEDGE PAYMENT:

- In person at the Markham RUNNING ROOM store at 4781 Highway 7, Unit 1.
- On-line at www.runningroom.com or www.sportstats.com prior to April 20th ($2.00 surcharge). *Please NOTE pledges cannot be submitted via on-line registration
- In person a the Markham Stouffville Hospital Foundation office prior to April 20th (Mon. to Fri. 8:30 a.m. to 4:30 p.m.)
- By mail postmarked by April 8th to: Markham Stouffville Hospital Foundation – Legacy Run (381 Church St., P.O. Box 1800, Markham, ON L3P 7P3)
- By fax with credit card # to: Markham Stouffville Hospital Foundation, Fax #: 905-472-7018 prior to April 20th.
- Event Day 8:00 a.m. to 9:30 a.m. at the Registration Tent

PAYMENT: Cash, Cheque, Visa, Mastercard or Amex
Please make cheques payable to the MSH Foundation.
*Please note pledges cannot be submitted via on-line registration

FOR MORE INFORMATION: Call (905) 472-7373 Ext: 3777 or contact the Running Room store at 905-479-6253.
Visit our website at www.legacy5k.ca for printable entry & pledge forms.

RACE KIT & T-SHIRT PICK-UP

- Race Kits and T-shirts for first 1500 registered participants
- Race Kit and T-shirt pick-up at the RUNNING ROOM: 4981 Hwy. 7, Unit 1, Markham. From April 21 to April 23rd, 10:00 a.m. to 8:30 p.m. and Sat. April 24 10:00 a.m. to 5:30 p.m.
- Event Day at the Registration Tent