

Register by mail until Friday, September 21, 2014

Or

Register on-line at: <https://www.racemenu.com/events/45551-Transformation-Center-5kFlight>

Or

Register in person on the day of the race

**Mail-in Registration Form**

5K Flight Run/Walk September 28<sup>th</sup> 2014 – 9:30 AM – Jamaica Pond

Make Checks Payable To: 5K Flight / Transformation Center

Mail Entry To: The Transformation Center – 98 Magazine Street Roxbury MA 02119

NAME	GENDER (OPTIONAL):
ADDRESS	
CITY	STATE
ZIPCODE	EMAIL
PHONE	AGE ON RACE DATE
PROGRAM, AGENCY OR CLUB I AM FROM (OPTIONAL):	T-SHIRT SIZE:

I AM (CIRCLE ONE)

RUNNING

WALKING

GENTLY MOVING

REGISTRATION FEE: \$20

Contact us about scholarships at [5KFlight@transformation-center.org](mailto:5KFlight@transformation-center.org) or toll-free at 877-769-7693

***Waiver Must Be Read and Signed Before Mailing:***

I know that running is a potentially hazardous activity. I should not enter or run this event unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this race including, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, the conditions of the road and cross country trail and traffic including foot traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release The Transformation Center and all sponsors, their representatives and successors from all claims of liabilities of any kind, including any claims arising out of negligence of the aforementioned parties, arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recording, or any other record of this event for any legitimate purpose.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature if under 18 or  
Guardian's Signature if applicable