PARTICIPANT REGISTRATION FORM
11th AORN FOUNDATION 5K RUN/WALK FOR SURGICAL PATIENT SAFETY
Wednesday, March 18, 2009 – 6:00 A.M.
Location to be announced

Name:____
(PRINT OR TYPE ALL INFORMATION)
Address:____

City/State/Zip:____

Telephone: W-________________________H-__________________________ E-Mail: _________________________________

Emergency Contact:____________________________________ Emergency Contact Telephone Number:____________________
(**Registration will not be accepted without Emergency Contact Information**)
Early Registration Fee: $25 includes Race T- shirt **Registration after February 28, 2009 - $30.00**

T-SHIRT SIZE (Please circle) : S M L XL XXL XXXL

RUNNER Female: Age on Race Day: ______
RUNNER Male: Age on Race Day: ______

WALKER Female: Age on Race Day: ______
WALKER Male: ___ Age on Race Day: ______

___ AORN Member ___Exhibitor (Name of Company__________________________) Other:___________________

( ) Check Enclosed ( ) Visa ( ) Master Card ( )American Express ( ) Discover Card

Card # ____ Expiration Date: _______________
Authorized Signature ____
.

Make check payable to AORN Foundation. Registration form must be received at the Foundation office by February 28, 2009 or $30 registration fee will be required.

AORN Foundation
11th 5K Run/Walk Registration
2170 South Parker Rd. Suite 300
Denver, CO 80231-5711
(303) 800-755-2676 Fax: (303) 755-4219

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WAIVER AND RELEASE

By signing this entry, I represent to AORN, the AORN Foundation, the race management company handling this event, the City of Chicago, IL and the County of Cook, IL 1) I am medically able and properly trained to participate; 2) I am aware of and knowingly assume all risks associated with an organized run/walk including illness, travel to/from the event, falls, contact with vehicle traffic, spectators or other participants, adverse weather conditions, and the imperfect conditions of roads and sidewalks along the route; and 3) I authorize event officials to authorize emergency medical treatment if necessary. Having read this waiver, knowing these facts and in consideration of your accepting my entry into this running/walking race, I, for myself, my heirs, executors and administrators, and anyone entitled to act on my behalf, waive and release AORN, the AORN Foundation, the race management company handling this event, their officers, directors, agents, volunteers and employees, all states, cities, counties, or other governmental bodies or locations in which this event or segments of this event is held, all sponsors, their representatives, and successors, from all claims or liabilities of any kind arising out of my participation in this event at, or in route to or from, the event. **All registrations are non-refundable for any reason and non-transferable.**

Entries cannot be accepted without a valid signature:
(SIGNED)_______________________________________ (DATE)_______________________

PICK UP SHIRTS AND RACE PACKETS AT FOUNDATION BOOTH IN THE CONVENTION CENTER PRIOR TO 3/18