

**Race Date: November 2, 2019**



*Run for our Sons*

5K/1M FUN RUN

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**ENTRY FORM (please complete all information)**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

E-mail \_\_\_\_\_ Birthdate: \_\_\_\_\_

Male  Female

T-Shirt Size (Adult Sizes):  Small  Medium  Large  Extra Large

**EVENT WAIVER**

In consideration of training for and/or participating in this event, I hereby for my heirs, my personal representatives, and myself, assume any and all rights which might be associated with training and participating in this event. I further waive, release, discharge, and covenant not to sue Future Com Ltd., Hilltop Elementary School, Parent Project Muscular Dystrophy, its officers, employees, sponsors, organizers, volunteers, or other representatives, or their successors and assigns, for any and all injuries or damages of any kind whatsoever suffered as a result of training or taking part in this event and/or any related activities. I also agree to the use of any photo, film, or videotape of the event for any purpose.

**Participant's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Guardian's Signature (if under 18)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**REGISTRATION FEE & DONATIONS**

**Registration Type:**  5K Participant \$25  "Couch" Participant \$20

One Mile Run \$15

**Additional Donation Enclosed \$** \_\_\_\_\_

**Mail entry forms and checks payable to**

Parent Project Muscular Dystrophy  
Attn: Danielle Garrigan  
401 Hackensack Ave, 9<sup>th</sup> Floor  
Hackensack, NJ 07601

**For more information visit:** [www.parentprojectmd.org/Argyle](http://www.parentprojectmd.org/Argyle)

Argyle Run is in support of Parent Project Muscular Dystrophy  
501c3# 31-1405490

**Parent Project  
Muscular Dystrophy**