

# Swedish SummeRun

Sunday, July 26, 2009

## Registration Information

Bring your family, friends and co-workers to the 2009 Swedish SummeRun! All funds raised support the life-saving work of the Marsha Rivkin Center for Ovarian Cancer Research.

There are three easy ways to register for the Swedish SummeRun:

- 1. Online registration** is the recommended sign-up method! Online registration is available at [www.summerun.org](http://www.summerun.org) starting on Friday, May 1. When you sign up online, you will receive a personalized online fundraising page.
  - 2. Mail-in registration** is possible through the registration form below. Submit your completed form and registration fee to the address provided. Registration materials must be received by Friday, July 10. Please note, if you do not register online, you will not receive a personalized online fundraising page.
- If you are part of a team that is registering by mail, you must return your completed registration form and fees to your Team Captain. The Team Captain is responsible for collecting all completed forms and fees, and submitting them together by mail or in-person to: Swedish Medical Center Foundation, Attn: Swedish SummeRun, 600 Broadway, Ste 300, Seattle, WA 98122.
- 3. Day-of-event registration** begins at 6:30 am on Sunday, July 26, 2009 at the corner of Marion St. & Minor Ave. Please note that day-of-event registration is \$30.

Questions? Please visit [www.summerun.org](http://www.summerun.org) or call (206) 215-6700.

SWEDISH SUMMERUN / JULY 26, 2009		<input type="checkbox"/> 10K RUN		<input type="checkbox"/> 5K RUN		<input type="checkbox"/> 5K WALK		<input type="checkbox"/> OVARIAN CANCER SURVIVOR		<input type="checkbox"/> SWEDISH EMPLOYEE	
Fill out entry form completely. Print clearly. Copies okay. One entrant per form.											
FIRST NAME				LAST NAME				CIRCLE ONE			
								Age on 7/26/09		M F Official use only	
STREET ADDRESS											
CITY						STATE/PROV.		ZIP/POSTAL CODE			
DAY PHONE			EVENING PHONE			DATE OF BIRTH					
E-MAIL ADDRESS											
TEAM NAME						T-SHIRT SIZE: <input type="checkbox"/> YOUTH LARGE					
TEAM CAPTAIN						ADULT <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL					
						<input type="checkbox"/> NO SHIRT PLEASE					
I would like to make a donation to the Marsha Rivkin Center in addition to my entry fee. \$											
<input type="checkbox"/> Make my donation in honor of										<input type="checkbox"/> Employer matching form attached	
I have read the waiver to the right and agree to its terms.											
SIGNATURE / DATE						SIGNATURE OF PARENT OR GUARDIAN IF PARTICIPANT IS UNDER 18 YEARS OLD / DATE					

**Deadline for Teams:** Mail-in or online: July 10, 2009

**Deadline for Individuals:** Mail-in: July 17 • Online: July 23, 11:59 pm • In-Store: July 20, Noon

**Fees:** Check Applicable Boxes  \$25 through July 25  \$30 day of race

**Mail to:** Swedish Medical Center Foundation, 600 Broadway, Ste. 300, Seattle, WA 98122

**Pay by:**  Check (Payable to: Swedish SummeRun)  Credit Card (MC, Visa, Discover, Amex)

**Entry Fee is nonrefundable**

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: MM/YY \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_

READ THIS! I acknowledge that participating in a race/walk (the "Event") is hazardous. I hereby assume all risks associated with the Event including, but not limited to, injury, illness and/or death as a result of exertion, stress, exhaustion, weather, collisions, falls, traffic, course conditions, and all other risks of the Event, known or unknown, inherent or otherwise. I acknowledge that I am solely responsible for my safety and that of any minor accompanying me. In consideration of acceptance of entry into the Event, I, for myself, and any minor participant for whom I am legally entitled to act, hereby waive and release Swedish Health Services, Swedish Medical Center Foundation, Marsha Rivkin Center for Ovarian Cancer Research, Hamilton Events, Inc., Accustat Sports Timing, Inc., City of Seattle, and all sponsors, their representatives and successors ("Released Parties") from all claims or liabilities of any kind resulting from, arising out of, or incident to participation in the Event, even if said liabilities arise out of negligence on the part of the Released Parties. I understand that the Event may be photographed, videotaped, audiotaped, or otherwise recorded, and I hereby grant to the Released Parties all rights and license to use the name and likeness (in any form) of myself and any minor participant for whom I am legally entitled to act, without any additional consideration. I have carefully read this RELEASE, WAIVER, and ASSUMPTION OF RISK and understand that I am relinquishing substantial rights. I freely and voluntarily agree to the terms and conditions herein. ENTRIES CANNOT BE ACCEPTED WITHOUT A VALID SIGNATURE