



TAYLOR'S WISH OFFICIAL 2018 REGISTRATION FORM

First Name: _____ Last Name: _____
 Street: _____ City: _____ State: _____ Zip: _____ Phone: (____) _____
 Billing Address (if paying by credit card): _____
 E-mail: _____ T-shirt size (circle one): YXS YS YM YL AS AM AL AXL AXXL
 Birth Date: ____/____/____ Age on Race Day: _____ Sex: (circle one): M F

Reg. Fees: Adults/Teens (13 and older): \$25 until April 30, 2018; **Late Reg.:** \$30 from May 1, 2017 to May 12, 2018.
Children (12 and under): \$15 until May 12, 2018 (**Age 3 & under are FREE**)

***Packet Pickup: Wednesday, May 9, 2018– 4pm to 8pm at Sycamore Park, Anaheim Hills**

By CASH: In person ONLY ** DO NOT MAIL CASH **

By CHECK: Ck# _____ (payable to PHA) *Check must be postmarked no later than April 28, 2018.

Mail registration form with check to: Taylor's Wish
 c/o Shari Caffrey
 P.O. Box 28593
 Anaheim, CA 92809-9998

By CREDIT CARD: Credit Card Type: (circle one) MasterCard Visa American Express
 Credit Card #: _____ Exp. Date: month _____ year _____ CCV# _____

Send cc registration form via: U.S. Mail (to address above); Email: shari@TaylorsWish.org

This will be a timed race. Prizes will be awarded for 1st, 2nd, and 3rd overall place times for male and female in the 12 & under age group and the 13 & over age group, as well as individual age groups. Go to www.TaylorsWish.org registration page for more information on age groups.

Entry fee includes: Registration, T-Shirt, Taylor's Wish Memory Bracelet, Goodie Bag, One Opportunity Drawing Ticket, and our amazing Finish Line Food Court. (T-shirt and Bracelet not guaranteed for Late Registration)

In consideration of the acceptance of my entry, I, my heirs, executors, and administrators, release and forever discharge the Pulmonary Hypertension Association, Taylor's Wish, The Race Committee, The City of Anaheim Fire Station #10, The City of Anaheim Traffic and Parks Departments, The City of Anaheim and Orange County where this event is held and all sponsors, producers, their agents, representatives, successors and assigns, all of liabilities, claims, action, damages, cost or expenses which I may have against them arising out of, or in any way connected with my participation in this event, including travel to and/or from this event and including all injuries that may be suffered by me before, during, or after the event.

I understand that this waiver includes any claims based on negligence, action or inaction of any of the above parties. Also, none of the above are responsible for any loss of personal property nor any form of aggravation in connection with this event. I recognize the difficulties of this event and attest that I am sufficiently physically fit to compete safely in this event and that I have either been so advised otherwise by a qualified medical person. I also give permission for free use of my name and pictures in any broadcast, telecast or print media accounting of this event.

I understand that the entry fee is non-refundable and non-transferable and the Event(s) will take place rain or shine, at Race Director's discretion.

Participant name and signature:

TEAM NAME (if applicable): _____ TEAM CAPTAIN (if applicable): _____

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

Parent or legal guardian if participant is under 18 years of age:

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

