

***Addison Faith Bender's Inaugural  
Walk by Faith 5K Race / Walk***  
Benefiting Pediatric Brain Tumor Research  
Sunday, November 8, 2009

@ Alexander Deussen Park (in Summerwood) 12303 Sonnier ~ Houston ~ 77044

**Mail-in registration form must be received before November 5, 2009**

Make checks payable to: Addi's Faith Foundation

Mail entry forms to: Addi's Faith Foundation • 5602 Palisade Falls • Kingwood, TX, 77345  
or fax to: 281-807-5272 Please submit one form per entrant. Feel free to copy as needed.

\$10.00 total discount when registering 4 or more.

For more information or to register on-line visit **www.WalkByFaith5k.org**

\*\*\*\*\*

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Gender:     Male     Female    Date of birth \_\_\_\_\_ Age on race date \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

Adult Walker \$25.00     Adult Runner \$25.00     Child (ages 4-18) \$15.00

**T-Shirt size:**     S     M     L     XL     XXL     Youth S     Youth M     Youth L

T-Shirts sizes and availability are not guaranteed if registering after Oct. 23<sup>rd</sup>.

Are you participating as part of a team? (Team name) \_\_\_\_\_

Are you a brain tumor survivor?     Yes     No

Are you participating in honor or memory of someone? (Please tell us a little)

\_\_\_\_\_

***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 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 Addi's Faith Foundation, 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

Signature by parent if under 18