O.C.E.A.N.

Ovarian Cancer Education Awareness Network

Name _____

Email _____

Address _____

Phone ( ) _____

Best way to reach me _____

Collect checks made payable to **OCEAN at MGH** or cash **prior** to race day. Turn sheet with sponsorships in to registration table on the day of the event.

Don't forget to ask about company matching!

WAIVER:In consideration of being permitted to participate in the OCEAN 10th Annual 5K Roadrace & Walk, I hereby for myself, my heirs, and personal representatives assume any and all risks which might be associated with the event and I further waive, release, discharge, and covenant not to sue the City of New Bedford, OCEAN at MGH, 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 taking part in the event and any related activities. I agree to the use of any photo, film, or videotape of the event for any purpose.

SIGNATURE: _____ DATE: _____

❑ Check here if you are under age 18.

PARENT'S SIGNATURE (If participant is under 18) _____

DATE PAID	SPONSOR'S NAME	ADDRESS (Street, City, State, Zip)	PLEDGE AMOUNT	CHECK ONE
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DATE PAID	SPONSOR'S NAME	ADDRESS (Street, City, State, Zip)	PLEDGE AMOUNT	CHECK ONE
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TOTAL AMOUNT ENCLOSED: _____

Pease make additional copies as needed.