

# 5K NONPROFIT WALK REGISTRATION & DONATION ENVELOPE

Volunteer Center of Durham PO Box 3374, Durham, NC 27702 info@greathumanrace.org

www.greathumanrace.org

(Please print)

Name \_\_\_\_\_  
LAST FIRST MI

**Walk Date: March 27, 2010  
8:15a.m. Opening Ceremony  
at Durham Bulls Athletic Park**

E-Mail \_\_\_\_\_

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

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Team Name (if applicable) \_\_\_\_\_ Employer/School \_\_\_\_\_

Organization I am collecting for Triangle Wildlife Rehabilitation Clinic

Note: Due to administrative expenses, donations to an organization not registered with The Volunteer Center of Durham which total less than \$25 will be retained as a donation to The Volunteer Center.

### 5K Nonprofit Walk Registration:

If you intend to participate in the 5K Nonprofit Walk on March 27, 2010, please sign the following release.

### 5K Competitive Run/Walk Registration:

If you would like to register for the 5K Competitive Run/Walk, visit www.greathumanrace.org or complete the registration form in the Great Human Race brochure and submit the appropriate entry fee.

**Release, Waiver, Identification and Assumption of Risk:** I understand that running and walking are hazardous activities. I know that I should not enter and run/walk unless I am medically and physically able and properly trained. I assume all risks associated with running and walking in the Great Human Race on March 27, 2010 including, but not limited to, falls, contact with other participants, the effects of the weather including high heat and humidity, vehicle traffic and conditions of the road, all such risks being known and appreciated by me. Having read this release and knowing these facts, and in consideration of your accepting my entry, I for myself, my heirs, assigns and anyone else entitled to act on my behalf, do waive, release and hold harmless the Volunteer Center of Durham, Durham Bulls, the City of Durham, Off N Running, and any other race sponsors, event managers, and all representatives and volunteers for the event, or their successors, from all claims of liabilities of any kind, including injury or death, arising out of my participation in the run/walk even though that liability may arise out of negligence or carelessness on the part of such persons. I agree that the decisions of the race officials relating to race results and my participation in the race shall be final. I give permission for the free and unrestricted use of my name and video film images and photos to be used as needed by the Volunteer Center of Durham in its promotional activities. I also agree to exercise all safety precautions, to avoid littering and to show respect to the property of others.

Date \_\_\_\_\_

Signature Required (Parent's signature if participant is under 18)

DONOR NAME	COMPLETE ADDRESS	AMOUNT
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____
7. _____	_____	\$ _____
8. _____	_____	\$ _____
9. _____	_____	\$ _____
10. _____	_____	\$ _____
11. _____	_____	\$ _____
12. _____	_____	\$ _____
13. _____	_____	\$ _____
14. _____	_____	\$ _____
15. _____	_____	\$ _____

**PLEASE MARK ALL BOXES BELOW THAT APPLY:**

- I have raised at least \$50 and qualify for a free t-shirt (circle size preference) S M L XL XXL
- I have raised at least \$100 and am eligible for door prize drawings
- I am 18 years old or younger and I am eligible to compete for the youth grand prize

SUBTOTAL OF DONATIONS LISTED ABOVE \$ \_\_\_\_\_

SUBTOTAL OF ADDITIONAL DONATIONS (ENCLOSE LISTING) \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

**Please make all checks payable to the VOLUNTEER CENTER / GREAT HUMAN RACE.**

Collector: Please substitute your check or money order for the total amount of cash donations in this envelope.

NUMBER OF DONATION CHECKS ENCLOSED: \_\_\_\_\_

Please put name of non-profit you are supporting on memo line.

Submit all donations to your team or organization by its internal deadline of \_\_\_\_\_ .

**VOLUNTEER CENTER USE ONLY:** Verifier's Initials \_\_\_\_\_