



**CDC/HDH**  
Run/Walk

# ANNUAL CHILD DEVELOPMENT CENTRE RUN

**Sunday March 25, 2012**  
10:00am

**Queen's University**

John Deutsch University Centre  
87 Union Street

**Name:** \_\_\_\_\_ **Sex:** Male  Female

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Age on Jan. 1, 2012:** \_\_\_\_\_

**Contact me about next year's race (email):** \_\_\_\_\_

***Donate to the University Hospitals Foundation!***  
***Total donations of \$50 or more will receive a charitable receipt, race entry, and t-shirt!***  
*(donation sheet on reverse)*

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| <p><b>Race</b><br/>(please check one)</p> <p><input type="checkbox"/> 1km Kids Race</p> <p><input type="checkbox"/> 5km Walk</p> <p><input type="checkbox"/> 5km Competitive Run</p> <p><input type="checkbox"/> 10km Competitive Run</p> |
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| <p><b>Entry Fee Enclosed*</b><br/>(please check one)</p> <p><input type="checkbox"/> \$50 Donation</p> <p><input type="checkbox"/> \$15 Kids Race</p> <p><input type="checkbox"/> \$25 5km or 10km Walk/Run</p> <p><b>NO REFUNDS</b></p> |
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| <p><b>T-Shirt**</b><br/>(please check one)</p> <p><input type="checkbox"/> Small</p> <p><input type="checkbox"/> Medium</p> <p><input type="checkbox"/> Large</p> <p><input type="checkbox"/> X-Large</p> |
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**\* Please make cheques payable to:**  
**The University Hospitals Kingston Foundation, Child Development Centre**  
**Mail To:** Hotel Dieu Hospital – Attn: Nicole Murphy, CDC  
166 Brock St, Kingston ON K7L5G2  
**Drop Off:** The Running Room Kingston at 277 Princess Street

\*\* All children receive a t-shirt and a participation medal. All participants who register before March 1, 2012 receive a t-shirt.

**WAIVER:** In consideration of your accepting my entry, or the entry of my child or ward, I, for myself, my heirs, my child or ward, my executors, and administrators of those of my child or ward, do hereby release and forever discharge the Hotel Dieu Hospital, The Army Navy Airforce Club of Kingston, The Running Room Canada, the race director and race committee, sponsors, or their representatives, agents and employees, competitors and persons associated with the event from and against any kind of actions, claims, and costs with respect to death, injury, loss or damage, occurring prior to, during, or subsequent to the event, to my person or property however caused and not withstanding that the same may have contributed to or occasioned by the negligence of any of the aforementioned. I acknowledge that I have read and agree to the Waiver of Liability above.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Parent/Guardian** *(if entrant is under 18)* \_\_\_\_\_

**Date:** \_\_\_\_\_