

Make checks payable to JCCRI. Mail checks to JCCRI, 401 Elmgrove Ave., Providence, RI 02906 attn: Lisa. Register on-line at www.needtorace.com or fax this form with credit card info to 401.861.8806. 5K Run/Walk Fee: \$20 online \$20 pre-registration received by 9/8, \$25 after 9/8. East Side Pediatrics Youth races fee: \$8 online or received by 9/8; after 9/8 \$10.

name _____ age _____ sex _____
 address _____ city _____ state _____ zip _____
 phone _____ e-mail _____
 corporate team name _____

In consideration of my being accepted to be legally bound and do hereby, for myself, my heirs, executors, waive and release all rights and claims for damages which may after accrue to me against the Jewish Community Center, its Board of Directors, City of Providence, any race officials and volunteers, any race sponsors and their respective officers, agents, representatives, successors and assigns from any cause, including negligence or carelessness. Further, in the event that I am signing this application on behalf of my minor child, I hereby agree to hold the above mentioned parties harmless for any injuries that my minor child may receive in conjunction with this event. If I or my minor child should suffer injury or illness, I authorize the officials of this race to obtain medical treatment for such injury or illness or transportation to a medical facility within their discretion, and take full responsibility for this action. I verify that I (or my minor child) am physically fit and am able to participate in this rigorous athletic event.

Signature _____ Date _____

Credit Card Payment

I hereby authorize (circle) VISA / MC / DISCOVER
 for \$ _____

credit card # _____

expiration date: _____

3-digit security code (back of card) _____

Name on card _____

Signature of authorizing use of card:
