



5K RUN

The Great Strides Challenge!

\$30 RUNNER Registration Fee

*Includes TEAM CF t-shirt and goody bag (while they last!)
Prize to first to cross line male/female.
Acknowledgements for age divisions
Complimentary refreshments*

5K WALK

Everyone is welcome to walk!

*No Registration Fee (minors must be accompanied by an adult guardian)
All donations are greatly appreciated!
Request sponsorships from family, friends, & coworkers!
Walkers collecting \$100+ awarded a 2012 GREAT STRIDES T-shirt!
Complimentary refreshments*

*For more information concerning CF or the CF Foundation,
visit www.cff.org.*

Questions concerning this event — call 601-981-3100 or email lmartin@cff.org

SATURDAY, APRIL 21, 2012

MAYES LAKE

**(Lefleur's Bluff State Park
Lakeland Drive Entrance)**

RUN REGISTRATION OPENS: **9:00AM**
RUN STARTS: **9:30AM**

WALK REGISTRATION OPENS: **9:30AM**
WALK STARTS: **10:00AM**

FOLLOWED BY A CELEBRATION!
Food, Music and Fun for the entire family!

Return this portion with your check or credit card information!

Name: _____ Age: _____ Gender: M F

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ E-Mail Address: _____

I am signing up for the _____ **5K RUN**
_____ **GREAT STRIDES WALK** - I will try to collect \$100 in donations! 😊

T-shirt size preferred: XXL _____ XL _____ L _____ M _____ S _____ (sizes not guaranteed)

___ My check payable to ****CF Foundation**** enclosed.

___ Please Charge my Credit Card

NAME LISTED ON CARD: _____

CARD # _____ Exp Date: _____

SIGNATURE APPROVING CHARGE TO CARD: _____ Date: _____

WAIVER: (Each participant must read and sign below) - I, the undersigned, agree to indemnify and hold harmless the Cystic Fibrosis Foundation from all cost, expense and liability arising out of my or my child's participation in this event to benefit the Cystic Fibrosis Foundation. I do hereby waive all claims for damage or loss to me or my child's person or property which may be caused by any act or failure to act, by the Cystic Fibrosis Foundation, its officers, agents or employees arising directly or indirectly from my or my child's participation in this event and hereby assume liability for any loss, damage or other liability from such event. **I mportant!** I give permission to the CFF to use any pictures, video footage, etc. that is taken at the event to use in future promotional materials.

B. Cepacia Policy: Because of risks to people with CF, individuals with a confirmed positive sputum culture for Burkholderia cepacia complex shall not attend this event. This is because B. Cepacia can be passed between individuals who have CF through close proximity. B. Cepacia infection in a person with CF can cause serious respiratory illness and, in some patients, may lead to death. Despite this policy, there still might be some individuals with B. Cepacia in attendance. **B. cepacia is not a risk for otherwise healthy individuals.** For alternative ways to participate and for information about this policy, please contact the CF Foundation at (800) FIGHT-CF or visit our website at www.cff.org. Consult your CF care center physician with medical questions.

_____ WITNESS my signature this _____ day of _____, 2012 for the waiver and B. Cepacia policy

** All participants must sign ** **I mportant!** Participants under age 18 must have this form signed by a parent or legal guardian.