# LAURA GRIFFIN MEMORIAL 5K RUN/WALK

## Saturday, January 19, 2008 ♣ 8:00 a.m.

*Join us for our Twelfth Annual Celebration Race!*

**SPONSORS:**

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Dept. of Health and Human Performance

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## Saturday, January 19, 2008 ♣ 8:00 a.m.

Make check payable to: College of Charleston Griffin Run

*Dept. Health & Human Performance, 66 George Street, Charleston, S.C. 29424* or Register on-line at **www.active.com**

First name | Last name | M/F | Age on 1/19/08

Mailing Address Including Apt. No.

City | State | Zip Code

Area Code | Day Phone

T-Shirt Size (circle one) ** *Available while supplies last*

**S M L XL XXL ($2 additional charge)**

CofC Student? Yes_____ No_____

CofC Faculty/Staff? Yes_____ No_____

CofC Student Athlete? Yes_____ No_____

**Entry Fees:**

| | Early | Late |
|---|---|---|
| Adult: | $22 | $25 |
| College/Military (Student) | $15 | $18 |
| H.S.& under | $13 | $16 |
| H.S. & under *teams* with 10+ students/1adult | $10 | $13 |

*Entry fees are considered "late" if they are not postmarked by 1/13/08.*

Name of Organization/Fraternity/Sorority *(if applicable)*:

_____

Name of School (if entering a team):

_____

Entry Fee $ _____

**Additional donation for scholarship fund** $ _____

**(**Donation only — won't attend race) $ _____

***Total Amount Enclosed*** ***$*** _____

Liability and Waiver Release: In consideration of acceptance of the entry, I for myself, my heirs, personal representatives, and assigns, do hereby release the sponsors, race workers, and officials of this race from any and all liability arising from illness, injuries or other damages I may suffer as a result of participation in such event. I affirm that I am physically able and have sufficiently trained for participating in the event and I am aware that participation in this event could in some circumstances result in severe physical soreness or injury. I also give permission for free use of my name and picture in any broadcast or written account of the event. I understand that the entry fee is NON-REFUNDABLE. Should race officials determine that completion of this event would be injurious to my health, I consent to being removed from the course and treated by the medical personnel in attendance or at their direction.

_____

Date Signature of Participant And Parent/Guardian if under 18 yr.