

AALAS 2010

Atlanta, GA

21st Annual 5K Run/Walk

Presented by

STERIS®



Life Sciences

Your Global Partner In Contamination Control

Check In: 6:00 AM Tuesday, October 12, 2010
Race Time: 6:30 AM SHARP
Location: Meet in Main Lobby of the Omni Hotel
Course: 5K (3.1 miles) — course name TBD
Registration: Accepted by mail with completed form below and entry fee of \$15.00 prior to September 3, 2010. \$20.00 after September 3, 2010. **On-Site Registration** — 9:00 AM - 4:30 PM, Monday, October 11, 2010. Credit cards not accepted at this time.
All proceeds from this event will be donated to AALAS. Make check payable to: AALAS/5K Run
Mail to: Extraordinary Events, Naz Barlavi, 13425 Ventura Blvd., Suite 300, Sherman Oaks, CA 91423
Awards: All preregistered entrants will receive a STERIS T-shirt.
Awards to top three finishers in each division and category for the race only • Awards to top male and female walkers • Team Award to the top three teams (minimum three persons per team) for the race only.

AALAS 5K RUN/WALK OFFICIAL ENTRY FORM

PLEASE PRINT INFORMATION

LAST NAME: _____ FIRST NAME: _____ AGE ON RACE DAY _____
FACILITY/COMPANY NAME (If guest, spouse or vendor please indicate) _____
STREET ADDRESS _____ BUSINESS PHONE _____
CITY _____ STATE _____ ZIP CODE _____

EVENT: 5K RUN 5K WALK
DIVISION: MALE FEMALE
CATEGORY: 35 & UNDER 36-49 50-65 65 & OVER

TEAM NAME (Must be completed to be considered as a team member—may be the same as branch or vendor name) _____ ADULTS
T-SHIRT M L XL XXL
LOCAL BRANCH AFFILIATION OR VENDOR NAME _____

(If participation as a team member, above must be completed)

AALAS DISTRICT NO.

WAIVER & INDEMNITY:

In consideration of the acceptance of my entry, I myself, my heirs, assigns, executors and administrators, waive and release any and all rights or claims for damages or injuries I have against STERIS its officers, directors, members, employees and agents, the Hotel, its agents, representatives and employees, or any individual or entities associated with the above subject Event. I hereby attest and verify that I have full knowledge of all risks involved in this event and am physically fit to participate in said event. In the event of accident, injury or illness of the above named participant, consent is hereby given to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice act.

Signature _____ Date _____
(Parent or legal Guardian for entrants under 18 years of age) Race Committee reserves the right to make any changes or adjustments.)