

Please print clearly and complete a separate form for EACH participant.

**5K RUN**  
Early Bird: \$20  
After May 1: \$25

**2 MILE WALK**  
Early Bird: \$20  
After May 1: \$25

**GIGGLE GALLOP**  
Children ages 2-8: \$10

I am unable to attend, please accept my tax-deductible donation of \$\_\_\_\_\_.

**BUTTERFLY RELEASE**  
Reserve one butterfly: \$20

Name: \_\_\_\_\_ Age: (day of race) \_\_\_\_\_ Gender: M F  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_ Adult Sock Size: M L

**\$10 Donation ADULT T-shirt:** S M L XL  
(please circle, sizes guaranteed by May 1)

**\$10 Donation YOUTH T-shirt:** S M L

**OVARIAN CANCER SURVIVOR**

**RUN/WALK IN MEMORY/HONOR OF:**

**TEAM OF 10 OR MORE ~ \$18/participant** Team Name: \_\_\_\_\_

Waiver of liability and release of all claims: As a participant of Laura's Smile Mile 5K Run/Walk or The Giggle Gallop with Laura's Smile Foundation, I recognize and acknowledge that there are risks of physical injury to myself and others while participating in the 5K or children's run with Laura's Smile Foundation. I agree to assume the full risk of any and all injuries, including death, and all damages or loss, regardless of severity, which I may sustain as a result of participating in any and all activities connected with or associated with this 5K or children's run with Laura's Smile Foundation. I do hereby waive, release and relinquish all claims, including all claims for bodily injury, death and/or property damage, against Laura's Smile Foundation and its associated companies, stockholders, directors, members, managers, agents, athletes and employees as a result of participating in any and all activities connected with or associated with this 5K or children's run with Laura's Smile Foundation, including all claims for negligence. I hereby covenant not to sue and agree to indemnify, defend and hold Laura's Smile Foundation and its associated companies, stockholders, directors, members, managers, agents, athletes and employees harmless from all claims (including all claims for negligence), liability, and loss arising out of or incurred in connection with m in connection there with. I acknowledge that I have read and fully understand the foregoing waiver and release.

Signature of Entrant: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Waiver must be signed by participant or Parent/Guardian if under 18 years of age. Unsigned entries will not be honored.*

**Make checks payable to Laura's Smile Foundation**  
**Mail to: Laura's Smile Foundation**  
**2312 Lake Bluff Blvd.**  
**Shorewood, WI 53211**

LSF14M