

The Stamford Police Association present

5K RUN/WALK FOR 10-13

SUNDAY FEBRUARY 12, 2012 BENEFIT FOR LUCKY "LOU" CAVALCANTE

Race starts at 9:30 am n front of the Stamford Police Station

Co-sponsor Stamford Police Association 10-13 Fund

Post Registration until 8:45 AM

Pre-registration until February 8, 2012 \$18.00

Post Registration \$25.00

Race Pickup at the Stamford Police Station between 10:30-2:30

805 Bedford Street

Thursday, Friday, Saturday

Sponsors

The City of Stamford

Louciano Cavalcante a veteran Stamford Police Officer who grew up in Stamford suffers from cardiomyopathy. He recently underwent a heart transplant. We would like to support his family defray their medical costs. PLEASE SUPPORT OUR EFFORT.

NAME (last) _____ (first) _____

Street Address _____ Age _____ Birthdate _____

City _____ State _____ Zip Code _____

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Phone No. _____ Email Address _____

Entrance Waiver

IN CONSIDERATION OF YOUR ACCEPTANCE OF THIS ENTRY, I, INTENDING TO BE LEGALLY BOUND, HEREBY, FOR MYSELF, MY HEIRS, EXECUTORS, AND ADMINISTRATORS, WAIVE AND RELEASE THE CITY OF STAMFORD, ANY AND ALL SPONSORS, THEIR REPRESENTATIVES, SUCCESSORS, AND ASSIGNS FROM ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES I MAY HAVE ARISING OUT OF ANY INJURIES AND ILLNESS SUFFERED BY ME IN THIS EVENT, INCLUDING THOSE WHICH MAY BE ATTRIBUTABLE TO WEATHER CONDITIONS. I ATTEST AND VERIFY THAT I WILL PARTICIPATE IN THIS EVENT AS A FOOT-RACE ENTRANT, AND THAT I AM PHYSICALLY FIT AND HAVE SUFFICIENTLY TRAINED FOR THE COMPLETION OF THIS EVENT, AND MY PHYSICAL CONDITION HAS BEEN VERIFIED BY A LICENSED MEDICAL DOCTOR. FURTHER, I HEREBY GRANT FULL PERMISSION TO ANY AND ALL OF THE FOREGOING TO USE MY NAME, PHOTOGRAPHS, VIDEOTAPES, MOTION PICTURES RECORDINGS OR ANY OTHER RECORD OF ME PARTICIPATING IN THIS EVENT FOR ANY PUBLICITY AND/OR PROMOTIONAL PURPOSES WITHOUT OBLIGATION OR LIABILITY TO ME.

**I UNDERSTAND THAT: BABY STROLLERS, JOGGING STROLLERS, AND PETS ARE NOT ALLOWED
ENTRY FEES ARE NON-REFUNDABLE**

**I HAVE READ THE ENTRY INFORMATION PROVIDED AND CERTIFY MY COMPLIANCE BY MY SIGNATURE BELOW.
APPLICATION WILL BE RETURNED IF NOT SIGNED BY APPLICANT OR PARENT/GUARDIAN.**

Applicant Signature - 18 & Over _____

Parent/Guardian Signature _____
If applicant is under age 18

**Awards 1st Male, 1st Female, 1st Police Male, 1st Police Female
Make checks payable to: Stamford Police Association 10-13 Fund
805 Bedford Street Stamford, Ct 06901**

Questions contact: Judy Anker 203-977-4507 or Kelly Connelly ,and Anna Edwards 203-977-6130