



## 2010 REGISTRATION FORM

Race Date: 10AM Saturday May 15, 2010  
 Check-in begins at 8:30 AM

### MAKE CHECKS PAYABLE TO:

The Melissa Fund

### MAIL FORM WITH CHECK TO:

The Melissa Fund  
 PO Box 114  
 East Setauket, NY 11733  
 Please mail by 5/01/10

### SUGGESTED RACE ENTRANT CONTRIBUTION

### ONLINE/MAIL REGISTRATION

\$30.00

Must be received by May 9, 2010

### RACE DAY REGISTRATION

\$35.00 Form available at check-in

\*cash/check only

NAME  
 ADDRESS  
 PHONE  
 AGE/SEX  
 E-MAIL  
 EMERGENCY  
 CONTACT

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### HOW DID YOU HEAR ABOUT US

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> SUN RUN Email    | <input type="checkbox"/> Active.com             | <input type="checkbox"/> Notre Dame Club |
| <input type="checkbox"/> SUN RUN Flyer    | <input type="checkbox"/> Facebook               | <input type="checkbox"/> Race website    |
| <input type="checkbox"/> SUN RUN Postcard | <input type="checkbox"/> Skin Cancer Foundation | <input type="checkbox"/> Other           |

2010 Participants WAIVER: I know that participating in the MELISSA FUND SUN RUN™ is a potentially hazardous activity. I agree not to enter and participate unless I am medically able and in good physical condition. I agree to abide by any decision of an event official relative to my ability to safely complete the event. Having read this Waiver and knowing these facts, and in consideration of your acceptance of this application I waive assume full and complete responsibility. I am a voluntary participant in this event and I hereby assume full and complete responsibility for any injury or accident which may occur during my participation in this event or while on the premises of this event. I hereby waive and release the Melissa K. Bambino Melanoma Foundation, Inc., any affiliated individuals and all other sponsors, and their representatives and successors, from present and future claims and liabilities of any kind, known or unknown, arising out of my participation in this event or related activities, even though such claim or liability may arise out of negligence or fault on the part of any of the foregoing persons or entities. If I do not follow the rules of this event, I accept that I may be removed from the event. I give my permission to the foregoing persons and entities to use or authorize any others to use photographs, motion pictures, recordings, or any other record of my participation in this event or related activities for any legitimate purpose without remuneration.

SIGNATURE

DATE