



# Sakamoto SLUG Run

May 15, 2010 at 8:00 A.M.  
 5K Fun Run/Walk  
 Registration from 7:00-8:00am

**Register online at [www.slugrun2010.com](http://www.slugrun2010.com)  
 OR complete this form**

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Last Name

First Name

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Address

City, State, Zip

Age

Sex: M/F

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Area Phone Number

Email Address (ex: [johnsmith@yahoo.com](mailto:johnsmith@yahoo.com))

<input type="checkbox"/>	\$ 25.00 Registration Fee & T-Shirt before 5/5/10
<input type="checkbox"/>	\$ 25.00 Registration Fee - No T-Shirt after 5/5/10
<input type="checkbox"/>	\$ _____ Sponsor Donations

**\$ \_\_\_\_\_ Total (Registration & Donations)**

### T-Shirt Size

*(Please circle one if registering on or before 5/5/10)*

YS    YM    YL    AS    AM    AL    AXL

**\*Send completed and signed registration form and sponsorships donation checks/ money orders to:  
 Sakamoto Elementary School 6280 Shadelands Dr. San Jose, CA 95123**

Make Checks/Money Orders payable to: OGSD(Oak Grove School District)

**Pre-registration Deadline: Wed, May 5, 2010 (T-shirt sizes guaranteed for pre-registration paid by deadline)**

Participants WAIVER, RELEASE and ACKNOWLEDGEMENT: In consideration of your accepting this entry, I, intending to be legally bound, hereby for myself, my heirs, executors, administrators, waive and release all rights and claims I may have against the persons and organizations affiliated with the race, the officials, the City of San Jose, County of Santa Clara, San Jose Police Department, OGSD and its Schools, volunteers, and all race sponsors, with respect to any and all injuries suffered by me while traveling to and from and while participating in this event. I will assume all medical and emergency expenses in the event of an accident or any other incapacity of injury resulting from or occurring in my participation in this event. I further attest that I am physically fit and sufficiently trained for this event. I hereby grant full permission to authorized agents to use any photographs, videotapes, motion pictures, recordings, and or any other record of this event for any legitimate purpose. As a part of this waiver, I acknowledge that I have read and understood all of the above.

Participant Signature

(If participant is under the age of 18, Parent/Guardian Signature Required)

Date

For Official Use Only: Paid \_\_\_\_\_ Check \_\_\_\_\_ Money Order \_\_\_\_\_ Cash \_\_\_\_\_ By: \_\_\_\_\_

For Information, Contact: Roxanne Koopman at [rkoopman@pacbell.net](mailto:rkoopman@pacbell.net)