

The Student Medical Society of Saskatchewan Proudly Presents...



Miles for Smiles

REGISTRATION FORM for: TEAMS

SAT., SEPTEMBER 13, 2014

REGINA:
5 km RUN/WALK
10 km RUN

SASKATOON:
2.5 km FUN RUN/WALK
5 km RUN/WALK
10 km RUN

Registration and payment **MUST BE RECEIVED BY AUGUST 25, 2014** to ensure team name on shirts.
PLEASE MAKE ALL CHEQUES PAYABLE TO "Student Medical Society of Saskatchewan"

TEAM NAME FOR SHIRTS _____

NAME OF COMPANY/SCHOOL/ORGANIZATION _____

TEAM CAPTAIN INFO: NAME _____ GENDER: M F

ADDRESS _____ TOWN or CITY _____

PROVINCE _____ POSTAL CODE _____ PHONE # _____

DATE OF BIRTH ____ / ____ / ____ E-MAIL ADDRESS* _____ T-SHIRT SIZE CODE _____

* Your e-mail information will be used to provide you with periodic updates and information about Miles for Smiles. It will be not distributed or shared with other third parties.

WE'RE PARTICIPATING IN:

REGINA
5 km RUN/WALK

10 km RUN

SASKATOON
2.5 km FUN RUN

5 km RUN/WALK

10 km RUN

First Name	Last Name	Gender	Date of Birth	Shirt Size	Agree to Waiver
		M <input type="checkbox"/> F <input type="checkbox"/>	/ /		<input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>	/ /		<input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>	/ /		<input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>	/ /		<input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>	/ /		<input type="checkbox"/>
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		M <input type="checkbox"/> F <input type="checkbox"/>	/ /		<input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>	/ /		<input type="checkbox"/>

Race packages can be picked up on September 11, and 12th.

DEADLINE FOR TEAMS: AUGUST 25, 2014
(to ensure a team name on shirts)

CASH CHEQUE

TOTAL PAYMENT:
\$ _____

WAIVER

WHAT DOES THE REGISTRATION PRICE PROVIDE?

- Race number on bibs & a shirt for each participant
- Race package: Information sheet, promotional materials
- Donation to Children's Hospital Foundation of Saskatchewan

We declare that we are medically fit to participate and understand that we assume all risks of jogging, running, walking or traveling in a wheelchair or with a stroller. We hereby remise, release, indemnify, forever discharge and hold harmless the Student Medical Society of Saskatchewan (SMSS), race officials, race volunteers and all sponsors from and against any and all existing and future claims, actions, costs, suits, demands and/or liability (including reasonable solicitor fees and legal costs) for loss, harm, damages, cost or expense, including without limitation costs, injuries, accidents, losses and damages related to personal injuries, death, damage to, loss or destruction of property, rights of publicity or privacy, defamation, which may arise as a result of my taking part in this event or from the postponement or cancellation of this event for any reason whatsoever. We further hereby grant full permission to the SMSS to use our names and/or likeness, and/or any photographs, videotapes, motion pictures, recordings, or any other record of this event, of us, for any legitimate purpose related to Miles for Smiles, without any compensation to us.

WE HEREBY ACKNOWLEDGE HAVING READ THIS WAIVER AND BY ACCEPTING A RACE NUMBER WE UNDERSTAND AND ACCEPT ITS TERMS. WE FURTHER ACKNOWLEDGE AND AGREE TO THE TERMS OF THIS RELEASE AND WAIVER ON BEHALF OF MY MINOR CHILD IF APPLICABLE.

Conditions of Entry:

1. All entries are non-refundable and non-transferable.
2. All entrants must complete the official entry form and submit the correct fee in Canadian dollars.
3. Incorrectly completed entry forms will be discarded or returned.
4. Applications for minors will be accepted only with a parent or guardian's signature.
5. All entrants must read and sign the Waiver
6. Only runners, joggers, walkers, wheelchairs and strollers are permitted. Dogs are allowed only with a leash at all times. Assisted wheelchairs and strollers must start as directed on race day.
7. Skateboards, wagons, in-line skates, scooters, roller skis, bicycles and vehicles are strictly prohibited.
8. Entrants agree that their name, gender and age category may be published with race results on our website or other medium

Participant's Signature(s) _____

Parent/Guardian Signature(s) (if applicable) _____

DATE _____

PROCEEDS TO THE
CHILDREN'S
HOSPITAL
FOUNDATION OF
SASKATCHEWAN



CHILDREN'S
HOSPITAL
FOUNDATION
of Saskatchewan

MAIL COMPLETED FORMS TO:

ATTN: Miles for Smiles
Student Medical Society of Saskatchewan
College of Medicine, B526 Health Sciences Bldg
University of Saskatchewan 107 Wiggins Road,
Saskatoon SK S7N 5E5

REGISTRATION RATES

Event	Individual	Team (10+)
2.5 km fun run/walk	\$20	\$15/person
5 km run/walk	\$30	\$25/person
10 km run	\$40	\$35/person

REGISTRATION DEADLINES:

TEAMS (with team name on shirt): **AUG 25, 2014**

TEAMS (without team name on shirt): **AUG 30, 2014**

ALL REGISTRATION CLOSSES SEPT. 10, 2014

CODES for SHIRT SIZES

Youth Small = "YS"

Youth Medium = "YM"

Youth Large = "YL"

Youth Extra Large = "YXL"

Adult Small = "AS"

Adult Medium = "AM"

Adult Large = "AL"

Adult Extra Large = "AXL"

Adult Extra, Extra Large = "AXXL"

For more information, please contact us at miles.smiles@usask.ca
or visit our website: miles4smiles.usask.ca