



**Dream Mile 2009 (10K/5K Run, 5K Walk, Biking) Registration Form**

Mail registration to **Vibha Dallas Action Center, PO BOX # 797334, Dallas, TX 75248.**

Payment must accompany registration form.

(you can also bring the filled form with you and register in person before 7 am on Sep 5, 2009)

**Name** \_\_\_\_\_ **Birth Date (MM/DD/YY)** \_\_\_\_\_ **Sex** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

**T-shirt Size (please circle)**      **S**      **M**      **L**      **XL**

**Fee:** \$15 (Free for children below 12)      **Amount Enclosed:** \_\_\_\_\_

Make checks payable to **VIBHA**

What distance will you be running/walking/biking? \_\_\_\_\_

Have you participated in this event before? \_\_\_\_\_

How did you hear about this event? \_\_\_\_\_

**Waiver:** In consideration of the acceptance of this entry, I waive, for myself, my heirs, and assigns, all claims for damages which I might have against the race, its sponsors, or any other organization, business or individual, as a result of any and all injuries which might be received during the contest. I attest that I have sufficiently trained for this event. I also release any photos that may involve me.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent (if under 18 years old)** \_\_\_\_\_ **Date** \_\_\_\_\_