



AGD Foundation Fun Run/Walk 5K Registrant Application

Saturday, July 10, 2010
New Orleans
Race start time: 6 a.m.

Questions? Contact Marilyn Mays, Manager, AGD Foundation at 888.243.3368, ext. 4329, or foundation@agd.org.

Individual Registrant

Individual participants will run and be timed with all runners. The winners will be the male and female with the best race time. Participants must be ages 12 years and older. Participants will be listed on the AGD Foundation Web site and in pre- and post-event promotions.

Team Application

The team competition includes four members. Participants will run and be timed with all runners; however, the winner of the team competition will be the team with the best average race time for all four runners. Teams will be listed on the AGD Foundation Web site and in pre- and post-event promotions.

All runners receive a T-shirt, post-race food and drink, and goody bag.

Participant Information

Please print clearly.

Individual Runner

Team

Team Name: _____

1. Individual Runner Name:

AGD Member ID No. (if applicable) _____
E-mail _____ Phone _____
Address _____
City, State, ZIP _____
Date of Birth _____
Gender: M F T-shirt size: (circle one) S M L XL XXL

3. Team Member Name:

AGD Member ID No. (if applicable) _____
E-mail _____ Phone _____
Address _____
City, State, ZIP _____
Date of Birth _____
Gender: M F T-shirt size: (circle one) S M L XL XXL

Team Members: Please list additional runners on your team.
(Teams consist of four members total.)

2. Team Member Name:

AGD Member ID No. (if applicable) _____
E-mail _____ Phone _____
Address _____
City, State, ZIP _____
Date of Birth _____
Gender: M F T-shirt size: (circle one) S M L XL XXL

4. Team Member Name:

AGD Member ID No. (if applicable) _____
E-mail _____ Phone _____
Address _____
City, State, ZIP _____
Date of Birth _____
Gender: M F T-shirt size: (circle one) S M L XL XXL

Payment Options

Please select method of payment:

- Check enclosed (payable to AGD Foundation)
 Credit card (circle one) VISA MasterCard Discover American Express

Credit card number _____ Expiration date _____
Name as it appears on card _____
Billing address _____
City, State, ZIP _____
Card holder's signature _____ Date _____

- Individual Runner
Pre-registration cost: \$25
Race-day cost: \$30
 Team: \$250

Return completed application with payment to:
FAX 312.335.3426
MAIL Academy of General Dentistry Foundation
211 E. Chicago Avenue, Suite 900
Chicago, IL 60611

Registration is non-refundable. Participants must be ages 12 years and older.

Liability Release

In consideration of my entry, I, for myself, my executors, administrators, and assignees do hereby release and discharge the Academy of General Dentistry Foundation, Academy of General Dentistry, and New Orleans Running System, Inc., all sponsors, coordinators, race organizers, and volunteers of all claims of negligence, injuries, damages, demands, and/or actions whatsoever, in any manner arising from my participation in said athletic event. I attest and verify that I have full knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate in the event. I grant to the Academy of General Dentistry Foundation and its agents the right to use my picture, or other reproductions of my physical likeness in connection with advertising or publicizing the Fun Run/Walk and its activities in all forms of media in perpetuity. My signature below indicates that I have read, understand, and agree to the above Liability Release statements.

Signature of individual runner (parent or guardian if under age 18)

Signature of team member 2 (parent or guardian if under age 18)

Signature of team member 3 (parent or guardian if under age 18)

Signature of team member 4 (parent or guardian if under age 18)

The AGD Foundation is a 501(c)(3) charity; gifts to the AGD Foundation are fully deductible for federal income tax purposes, subject to the limitations placed on charitable gifts by the Internal Revenue Service.



AGD Foundation Fun Run/Walk 5K Registrant Sponsor Form

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New Orleans

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Please ask friends and colleagues to help support a great cause by sponsoring you in the Fun Run/Walk 5K. Detach this form from your application, collect names and donation amounts, and submit before the event, including on-site in New Orleans. Please include sponsor e-mail information so we can send a note of thanks.

Questions? Contact Marilyn Mays, Manager, AGD Foundation at 888.243.3368, ext. 4329, or foundation@agd.org.

Registrant Information

Individual Runner Individual Name: _____

AGD Member ID No. (if applicable): _____

Team Member Team Name: _____

AGD Foundation:

A-Advancing AGD initiatives.

G-Giving back to the profession of general dentistry.

D-Developing innovative educational opportunities.

F-Fostering the excellence of oral health care.

Sponsor Name _____ Amount Donated _____

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Sponsor Name _____ Amount Donated _____

TOTAL AMOUNT COLLECTED \$ _____

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