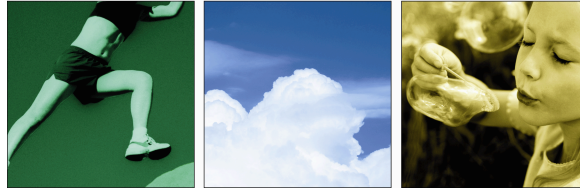


R A C E A G A I N S T P H



## Race Against Pulmonary Hypertension 5k

Sunday, November 4, 2012 | 9am Stanford Football Stadium/PAC 12 Plaza

*All ages and skill levels are welcome | USATF Certified | Beautiful course through the heart of campus*

*\*(Complete one form for each participant)*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail address: \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F

WAIVER: I, \_\_\_\_\_, intending to be legally bound for myself, my heirs, executors, and administrators, waive and release any and all rights and claims I may have against Stanford University, its Trustees, officers, agents, directors and students for any and all injuries or damages of any nature, including death, which I may suffer while participating in the Race Against PH sponsored by the Vera Moulton Wall Center, and all staff and volunteers connected with the event. This release shall not be binding for any injury, claims or damage resulting from the sole negligence of Stanford University. I give my full permission to the Wall Center and their sponsors to use any photographs, videos, or other recordings of me that are made during the course of this event.

REQUIRED Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have Pulmonary Hypertension  I am participating in **support/memory** of:

\_\_\_\_\_

I am participating on a Team: \_\_\_\_\_

**Volunteers** - Complete registration form. *All volunteers receive an event t-shirt. No registration fee required.*

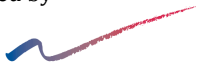
**T-shirt Size: Adult** (*long sleeve*) S M L XL XXL **Youth** (*short sleeve*) XS (2-4) S(6-8) M(10-12) L(14-16)

*All participants will receive a race t-shirt.*

	<b>RACER / CHIP TIMED</b> <i>*Will receive an official time &amp; award eligible</i>	<b>WALKER / NON-CHIP TIMED</b> <i>*No official time</i>	<b>TOTAL</b>
ADULT <b>early bird special ends 10/9/12</b>	<input type="checkbox"/> \$30	<input type="checkbox"/> \$25	\$
ADULT <b>pre-registration ends 10/30/12</b>	<input type="checkbox"/> \$35	<input type="checkbox"/> \$30	\$
CHILDREN <i>under 12 years old</i>	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15	\$
Optional Tax Deductible Donation			\$
			\$

**Payment Options:** Check Payable to STANFORD/Race Against PH **Cash** Race day only

Presented by



VERA MOULTON WALL CENTER  
FOR PULMONARY VASCULAR DISEASE  
AT STANFORD

Please mail completed form to Vera Moulton Wall Center/Race Against PH, 1215 Welch Road, Modular B, Stanford, CA 94305-5414 or fax to (650) 723-3780 (volunteers only). For more information visit [www.raceagainsth.org](http://www.raceagainsth.org) or call (800) 640-9255