

James Malaney Pharmacy Fun Run

All proceeds will be directed to the **James Malaney Memorial Scholarship** at the UConn Foundation by the Pharmacy Student Government

Jim was a beloved member of the Pharmacy Class of 2010. He fought a courageous battle with cancer and will always be remembered for his optimism and kind heart

Sunday, April 17th

Fairfield Way

Registration 10:00-10:45AM

Race begins at 11:00 AM



Generously Sponsored by:



To honor someone you know who has battled cancer by including their name in a special "In Honor Of" section on the back of the T-shirt, please include their name and an additional \$25. (MUST BE RECEIVED BY MARCH 18th for inclusion on t-shirt)

Name: _____

Student \$10

Faculty/Alumni \$15

Other \$15

Additional Donation _____

"In Honor Of" \$25

Name: _____



Don't forget to fill out the waiver on the back!

T-shirt Size: _____

Class: _____

Age: _____

Gender: _____

Emergency Contact Information:

Contact: _____

Phone #: _____

Relationship: _____

- Registration is available at the race for an additional \$5
- **No T-shirt available for registration after MARCH 18th**
- Participants cannot race unless they sign a waiver on the day of the race

FORMS MAY BE RETURNED IN A SEALED ENVELOPE TO:

P1 - Bhavana Chalupadi
P2 - Erin Emonds
P3 - Kerry Horan
Or Locker #180

Or mail to: Pharmacy Student Government
69 North Eagleville Rd, Unit 3092
Storrs, CT 06269-3092
E-mail: sarah.kessler@uconn.edu with any questions!

Payment type CASH CHECK Check # _____
Make checks payable to: PHARMACY STUDENT GOVERNMENT

Pharmacy Fun Run 4K Race

By signing and dating below, you agree, warrant and covenant as follows:

General Waiver and Release:

In signing this release, I acknowledge that I understand its intent, and I, for myself, my heirs, executors, administrators and representatives, do hereby agree and will absolve and hold harmless the University of Connecticut, University of Connecticut School of Pharmacy, Walgreen's, the James Malaney Scholarship Fund, together with their affiliates, officers, directors, stockholders, employees, members, managers, servants and agents and any other parties connected with this event in any way together with their respective successors and assigns (the "Sponsors"), singly and collectively, from and against any blame and liability for any injury, harm, loss, inconvenience or any other damage of any kind whatsoever, which may result from or be connected in any way to my participation in the Pharmacy fun Run 4K Race, even if the injuries are caused by the sole negligence of the sponsor or event organizers. In addition to the absolute and unqualified release from all liability, I hereby represent that I am physically capable of participating in this event, that I will observe all applicable traffic and event rules and that I will conduct myself in a safe and prudent manner while participating in the event and I hereby absolve and hold harmless the Sponsors from any damage I may sustain because of any breach of these representations.

I hereby consent to and permit emergency treatment in the event of injury and illness while participating in the event. I also hereby give permission to the Pharmacy Fun Run 4K Race Organizers to use my name and any photograph taken of me during the event in any promotional materials or publications.

I certify that I am at least 18 years of age or am the parent/guardian of the participant, and that I have read this waiver and release and understand its significance.

X _____ Date: _____

Printed Name: _____