



**28th Annual  
2010 Fallen Leaf Run (5K)  
To Benefit Sudden Infant Death Syndrome  
Saturday, October 2nd, 2010  
Mirabeau Point Park, Spokane Valley, WA 99156**

**Check In Starts at 7:30 A.M. -- Run Starts at 9:00 A.M.**

**Entry Fee: \$20.00 includes Long Sleeved Shirt**

**Day of Event: \$25.00 with shirt if available**

**Kids 12 and under are FREE. Youth T-Shirts Available for \$10**

**For more information call (509) 456-0505 or visit our website: [www.nwsids.org](http://www.nwsids.org)**

**Mail the entry form and payment (check or money order) to:  
Northwest Infant Survival & SIDS Alliance, P. O. Box 7638, Spokane, WA 99207**

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**ENTRY FORM (Please Print)**

**Participant's Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Shirt Size:**

**Youth Size:** \_\_\_ Y-Small \_\_\_ Y-Medium \_\_\_ Large

**Adult Size:** \_\_\_ Small \_\_\_ Medium \_\_\_ Large \_\_\_ X-Large \_\_\_ XX-Large (\$5.00 Extra)

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

I understand the entry fee is non-refundable. In consideration of the acceptance of this entry, I for myself, my children, my heirs, executors, administrators, and assigns, waive, release and discharge any and all rights and claims or damages against the Fallen Leaf Run for SIDS, Northwest Infant Survival & SIDS Alliance, City of Spokane Valley, and all sponsors involved in this event. I will assume those risks and I will for myself and my children's emergency expenses in the event of accident, illness or other incapacity, regardless of whether I have authorized such expenses. I am physically fit and sufficiently trained to participate in this event. I also release any rights to photographic material that may be used without obligation to me. This is to certify that my child (s) has permission to compete in this event, is in good physical condition and that event officials may authorize necessary emergency treatment. I have read the entry information provided and I certify my compliance by my signature.

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_