PORTLAND HEALTH & HUMAN SERVICES DEPARTMENT, PUBLIC HEALTH DIVISION
MARCH INTO MAY 5K WALK/RUN REGISTRATION FORM
134 Congress Street ~ Portland ~ ME ~ 04101
Office 207-874-8618 ~ Fax 207-541-6959

March into May 5k Walk/Run

When: Saturday May 29, 2010 9:00am
Where: Back Cove Trail, Portland Maine

There is no registration fee for the 5k for registered March into May participants
All 5k participants will receive a free March into May 5k t-shirt.

This year March into May will be collecting donations for the purchase of AED's (Automated Electronic Defibrillator) for public buildings and facilities in Portland. All donations will go towards the purchase of AED's. If you would like to donate please see the bottom of the registration form.

Please fax or mail completed registration to Kristen Dow no later than May 12th 2010

Fax:207-541-6959

Mailing address:
134 Congress St
Portland, ME 04101

PARTICIPANT INFORMATION

Name: _____

Address: _____

Email Address: _____ **Phone Number:** _____

Emergency Contact *(other than SELF)*

Name: _____

Address: _____

Home #:_____ **Other #:**_____

Please list any allergies, medical conditions or physical restrictions or limitations you may have:

Release Assumption of Agreement, Agreement to Indemnify and Hold Harmless and Emergency Release Signatures

I am aware that learning or participating in the above activity can be an activity involving risk of injury, including serious injury. I fully understand that the City of Portland, its agents, officers and employees accept no responsibility and will not be liable for any injury, harm or damage to his/her property occurring during or arising out of participation out of said program.
To the fullest extent permitted by law, I do hereby agree to assume all risk of injury, harm or damage to his/her person or property (including but not limited to his/her property caused by negligence of the City of Portland, its agents, officers or employees) arising during or in connection with said program, and I do hereby release and agree to indemnify and hold harmless the City of Portland, its agents, officers and employees from any and all liability, actions, damages and claims of any kind and nature whatsoever (including but not limited to his/her property caused by negligence of the City of Portland, its agents, officers or employees) for injury harm or damage to his/her property that may arise or occur during or in connection with said programs. I also agree to abide by any and all rules, regulations, and policies of the above activity.

Signature		**Today's Date**	
Signature of parent or guardian if participant is under 18			
Signature		**Today's Date**	

And further, I give our permission for emergency medical treatment to be given to in case of an emergency			
Signature		**Today's Date**	

PHOTOGRAPHS			
Photographs: The Department of Health & Human Services may take pictures or videos of participants at our programs, activities or special events. Please be aware that the picture may appear in future promotional materials, including our brochure.			
Signature		**Today's Date**	

Please indicate t-shirt size			
☐ Small	☐ Medium	☐ Large	☐ X-Large

AED (Automated Electronic Defibrillator) Donations

Cardiac arrest is reversible in most victims if it's treated within a few minutes with an electric shock to the heart to restore a normal heartbeat. This process is called defibrillation. In fact, CPR and early defibrillation with an automated external defibrillator (AED) more than double a victim's chance of survival.

_____ **Yes! I would like to donate money towards the purchase of AED's for Portland.**

I have enclosed a check/cash (please circle one) in the amount of: _____
(Please make checks payable to The City of Portland)
All donations over $10 will receive a Healthy Portland water bottle

On behalf of the city of Portland, thank you for your donation!

Additional event details will be sent to all registered participants prior to the 5k.