

Eye Run for Vision Registration Form (please print)

Registration also available online at www.onesight.org



Name.....

Address.....City.....

State.....Zip.....Phone.....E-mail.....

Age..... Gender (Please Circle One) Male Female Race (Please Circle One) 5k Run 5k Walk 10k Run

T-shirt size (please circle one): S M L XL XXL

Team Name.....Team Leader (if applicable).....

Registration Fee: (includes t-shirt)
5k \$20 / 10k \$25...if postmarked by May 9
*Teams must register by May 13

5k \$25 / 10k \$30...If postmarked after May 9

I am enclosing additional donations in the amount of \$.....to benefit OneSight. (Please combine registration fee and your tax-deductible donation in one check. Any donations OVER the \$25 registration fee are tax deductible.)

Please indicate where you learned about the Eye Run for Vision:

....I am a Luxottica Retail associateI am a family member/friend of a Luxottica Retail associate
....Running ClubOther RaceMy Company (please specify).....Other.....

Please send your check for registration and or donations payable to OneSight along with registration form postmarked by May 9 to:

**Eye Run for Vision 5k/10k
Attn: Greg McCormick, Race Director
10119 Crosier Lane
Cincinnati, Ohio 45242**

**Eye Run Hotline: 513-765-3RUN (3786)
Eye Run e-mail: eyerun@onesight.org**

On behalf of myself, my heir, executors, estate, successors, and assigns, I hereby release and hold harmless all sponsors, affiliates, managers, coordinating groups, volunteers, race director, USATF and all other individuals, groups and entities associated with this event, as well as their affiliates, agents, employees, directors, officers, and members, from all claims which may arise from or as a result of my participation in the Eye Run for Vision race. In consideration of the acceptance of my entry and my participation in this event, I understand and agree to assume all risks of my participation. I understand and agree that my name and picture or photograph of my participation in this event may be used for results and publicity purposes.

Name (Printed).....

Signature..... Date.....

Emergency Contact..... Phone.....

If under 18, signature of parent or guardian is required.....

(Form not complete without signature.)