



Office of The State's Attorney For Baltimore City 10th Annual Victims' 5k Fund Run/Walk And 1 Mile Walk

**Saturday, April 17, 2010- Patterson Park 9:00 A.M.
2601 E. Baltimore Street (RAIN OR SHINE)**

PURPOSE: To maintain the emergency fund that is available to crime victims who need help in covering the cost of victimization and meet the established criteria. Funds will cover expenses such as broken windows and locks, replacement of identification cards and medical prescriptions.

ENTRY FEE: Pre-registration \$20.00 **by April 16th**. Day of Race \$25.00
Deadline for online registration April 14th
T-Shirt included with registration for first 400 entrants.
Not responsible for mailed registrations post marked **after April 16th**.

REGISTRATION: 7:30 – 8:30 a.m. (Race starts at 9:00 a.m.)
Register on line at www.charmcityrun.com

GATHERING PLACE: Patterson Park Recreation Center – 2601 E. Baltimore Street

POST-RACE ACTIVITIES: Refreshments for all runners and walkers; cash awards to top three male and female overall finishers; prizes to top three male and female winners in each age group division and random prizes for all participants. Charm City Run will provide finish line timing and race scoring. Complete race results will be posted on the internet at www.charmcityrun.com.

For more information, call: 410-396-1897
Fax:410-545-1911
E-Mail mail@stattorney.org

*****No headphones, baby joggers, skates bicycles, or pets allowed on the course***
This course is handicap accessible.**

Please submit a separate form for each runner or walker. This form may be copied. Make checks payable to and send completed form to Victims' Fund Run -- 100 N. Calvert Street, Room 410, Baltimore, Maryland 21202. Please do not send cash. There will be no refunds. The Baltimore Child Abuse Center, a 501(c) 3 organization, supports this effort and has agreed to manage the proceeds. All proceeds will directly benefit the Crime Victims' Fund.

Please print.

Enclosed is \$ _____ for my entry fee and shirt. 5K Run/Walk _____ 1 Mile Walk _____

Last Name: _____ First Name: _____ Home/Work telephone: _____
(include area code)

Street Address _____ City _____ State _____ Zip _____
Age on Day of Race: _____ Gender: M _____ F _____ T-Shirt Size: S _____ M _____ L _____ XL _____ XXL _____

Waiver and Release: I know that running/walking is a potentially hazardous activity and I should not enter the fund run/walk unless I am medically able and properly trained. I assume all risks associated with running/walking in this event including, but not limited to: falls, contact with participants, the effects of weather, traffic, conditions of the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of the acceptance of my entry, I, for myself and anyone entitled to act on my behalf, waive and release the State's Attorney's Office, Baltimore Child Abuse Center, Inc., Charm City Run, Race Director, Department of Recreation and Parks, the City of Baltimore and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event or resulting from carelessness on the part of persons named in this waiver. Further, I grant permission to all of the foregoing to use any photographs, motion pictures, or any other record of this event for any legitimate purpose.

SIGNATURE OF RACE PARTICIPANT: _____ DATE: _____

IF RUNNER/WALKER IS UNDER 18, PARENT OR GUARDIAN MUST SIGN: _____ DATE: _____
WAIVER MUST BE SIGNED.