

**Lawyers Have Heart 10K Run & Fun Walk  
Participant Transfer Form**



Registrants for the Lawyers Have Heart 10K Run & Fun Walk may transfer their registration if they cannot participate. The deadline to transfer is June 6. Transfers received after that date will be denied. The new registrant must pay a transfer processing fee of \$5 (mailed if check or cash or faxed if credit card). Any transfer forms received May 30 – June 6 will be treated as individual registrations, as the **team registration cut-off date is May 30**.

Please do not give your number to another runner or run with another runner's number or timing chip without completing this form. It may cause confusion in case of an emergency and it will cause inaccurate results.

**To be filled out by previous registrant:**

Date: \_\_\_\_\_ Name (First/Middle/Last): \_\_\_\_\_

Firm or Organization: \_\_\_\_\_

Team Name (if applicable): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**To be filled out by new registrant:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Firm or Organization: \_\_\_\_\_ Age on Race Day: \_\_\_\_\_ Sex: \_\_\_\_\_

Team name (if applicable and completed by May 30): \_\_\_\_\_

T-Shirt size: S M L XL XXL E-mail address: \_\_\_\_\_

Address (incl. Suite/Apt.): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Law School Attending/Attended: \_\_\_\_\_  Current Student

I am adding an additional contribution to my entry fee to support the lifesaving research of the American Heart Association.

**Participants who raise \$100 or more (not including entry fee) will receive incentive prizes.**

**Waiver**

I know that running a road race is a potentially hazardous activity and that I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and understood by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the organizers of the Lawyers Have Heart 10K, American Heart Association, the contracted running company, USATF (spell out name), and all other sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event or carelessness on the part of the persons named in this waiver. I also understand that the American Heart Association is not responsible for the security of my personal belongings brought to the race or the loss of my items left at bag check.

I understand that no expenses incurred or entry fees paid will be refunded for any reason, including but not limited to: my failure to participate in the race, my failure to start the race on time or complete the course before it is re-opened to normal traffic, failure of the race timing chip due to defect or human or system error, or change in the race distance or calling the race an untimed fun run because of weather conditions or other circumstances beyond the control of the organizers of Lawyers Have Heart.

I hereby certify that I understand and agree to the conditions stated in this waiver, I am signing for myself or if I am completing and submitting the form on behalf of another adult, that I am duly authorized to do so and that he or she is aware of and agrees to this waiver. Further, I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for legitimate purposes.

**To be signed by new registrant:**

X \_\_\_\_\_

Date: \_\_\_\_\_

**Transfer Fee**

The new registrant must pay a transfer processing fee of \$5 (mailed if check or cash or faxed if credit card). Please make check payable to the American Heart Association. Forms and checks/cash can be mailed to Hilary Sama, American Heart Association, 4301 N Fairfax Drive, Suite 520, Arlington, VA 22203. Credit Card payments can be faxed to 703.248.1795.

**Credit Card Donation Form**

Please print. Illegible forms will be rejected.

<b>Business Unit</b>
201640

<b>Object Code</b>
4635 Remark: Reg. Fee

<b>Work Order</b>
55951

Description	Amount
Transfer Fee	\$5
<b>Total</b>	

<b>Credit Card Information</b>	
<input type="checkbox"/>	American Express
<input type="checkbox"/>	Discover
<input type="checkbox"/>	Mastercard
<input type="checkbox"/>	Visa

<b>Credit Card Account *Please use dashes in card number*</b>	
Number#	
Exp. Date	
Today's Date	

<b>Donor Information (as it appears on card)</b>		
Name		
Address		
City	State	Zip
Phone (H)	(W)	
<b>Signature</b>		