

2nd Annual
Miles Against Melanoma PA
5k Run/Walk

Proceeds will benefit the University
of Pittsburgh Cancer Institute

Date: Saturday, June 15, 2013

Time: 5k Starts at 9AM

**Location: South Park
(Along Corrigan Drive)**

Registration Fee:
(Use this form or register through our website)
(Registration Fee includes: Dri Fit T-shirt, welcome
packet, and chip timing)

- \$25 for pre-registered runners/walkers
- \$30 same day registration

Walk or run and join us for a day of
family fun, including raffles, refresh-
ments, entertainment, giveaways
and more!



We had thousands of supporters attend our 2012 events.
Due to the generosity of sponsors and supporters, we donat-
ed \$25,000 to the University of Pittsburgh Cancer Institute
in August 2012.

You can also register
www.mampa.org



Miles Against Melanoma is a 501(c)3 nonprofit
organization .
Federal Tax ID # 35-2391462

Mail form and entry fee to:

Miles Against Melanoma PA
154 Aidan Court
Pittsburgh, PA 15226

Phone: 412-901-2078
E-mail: jessica@mampa.org

Dri Fit T-Shirt Size (Adult)
S M L XL 2XL

Gender— F M
Date of Birth ___/___/___

Name _____
Address _____

Email _____
Phone _____
Team Name (Not Required) _____

In consideration of accepting this entry, I, the undersigned,
intending to be legally bound, hereby for myself, my heirs, executors
and administrators waive and release any and all claims for
damages, demands, actions, and cause of actions against Miles
Against Melanoma, their affiliated, subsidiaries, officials,
representatives, employees, successors and assigns for any and all
injuries suffered by me in this event. I attest and verify that I am
physically able and have sufficiently trained for the competition of
this run. I understand in the event of inclement weather or dangerous
conditions, the race administrators reserve the right to postpone or
cancel this event, in which my entry fee is non-refundable. I do
hereby grant and give M.A.M. the right to use my or my child's
photograph for any publications or promotion for any legitimate
purposes. I agree to this waiver.

Signature _____ Date _____

Signature of parent or guardian if under 18 years of age. _____ Date _____

Children 12 and under are not required to pay a registration fee. If you would like
a shirt (\$5 per shirt) for your child, please email jessica@mampa.org or call
412.901.2078 for size options.