

prima FUN RUN WALK 2009

2009 PRIMA 5K Fun Run/Walk Emergency Contact Form

Emergency Contact's Information

Name _____

Phone _____

Work Cell

Phone _____

Work Cell

Relationship to participant _____

Sponsored by

GLOBAL
Your modern wholesaler
and reinsurance specialist
INTERMEDIARIES
www.globalre-int.com • 888-474-7776

PRIMA Annual Conference 5K FUN RUN/WALK



PRIMA invites all conference attendees, exhibitors, sponsors, spouses, friends and guests to participate in the PRIMA 2009 Fun Run/Walk, sponsored by Global Intermediaries/SIRPRO.

Wednesday, June 3, 2009

7:00 a.m.—Rain or Shine
At the Hilton Anatole in front of the
Verandah Club & Spa.

\$10 entry fee

**100% of fees will be donated to the FWM
Food Bank.**

Free commemorative t-shirt

**If registration is postmarked
by May 15, 2009.**

5K Run

Prizes will be awarded to the first three to finish the run.

- **Free 2009 PRIMA Webinar**
- **PRIMA denim shirt**
- **PRIMA polo shirt**

2009 PRIMA 5K Fun Run/Walk Release Form

READ THIS! I know that running a road race is a potentially hazardous activity, I hereby release and discharge any rights and claims for damages incurred before, during and after the race against the Public Risk Management Association (PRIMA) and their sponsors, Global Intermediaries/SIRPRO and other officials, volunteers and participation groups. I will not participate unless I am medically able to do so and assume all risk associated with this event, including but not limited to the effects of the weather, traffics, course conditions, course surfaces, falls and contact with other runners, spectators and volunteers. I grant permission for sponsors to use any photographs, motion pictures or recordings of this event for any legitimate purpose. **NO ENTRY WITHOUT VALID SIGNATURE.**

Participant's Information

Name _____

Address _____ City _____ State _____ Zip code _____

Signature _____

Method of Payment

Check (enclosed to PRIMA) Credit Card

Credit Card Type (circle one) Visa MasterCard Amex

Card No. _____ Exp. Date (MM/YY) _____ CVV Code _____

Name as it Appears on the Card _____

Billing Address _____ City _____ State _____ Zip code _____

Signature _____

Email (required for receipt) _____

For more information visit www.primacentral.org. Registration and emergency contact forms can be mailed to PRIMA 500 Montgomery Street, Suite 750, Alexandria, VA 22314 or faxed to (703) 739-0200.