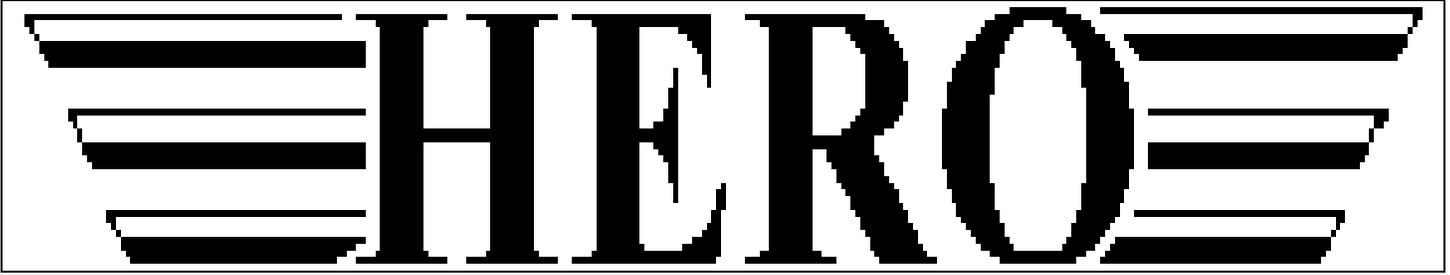


TENTH ANNUAL



SCHOLARSHIP FUND OF PHILADELPHIA

TRACEY BIRNHAK KATZ MEMORIAL RUN & WALK

WEDNESDAY, JUNE 09, 2004

Course: Kelly Drive Bike Path, Fairmount Park. (Start & Finish at Lloyd Hall)

Sponsored by Weight Watchers of Phila. Inc.

(Rain / Shine) *** Registration - opens 5:00 PM ***** 5K Run - 7:00 PM ***** Walk start - 7:15 PM**

A Quality T - Shirt to ALL REGISTRANTS and a General Admission Ticket to the Hero Scholarship Show.

(Pennsylvania Convention Center, September 25 & 26, 2004)

By June 04, 2004: \$15 per person.
Race Day Registration: \$20 per person.
Walk Registration: \$10 per person.

*******ALL CONTRIBUTIONS TAX-DEDUCTIBLE*******

Make Checks Payable to: **Hero Scholarship Fund**
Mail to: Philadelphia Fire Department
240 Spring Garden Street
Philadelphia, PA. 19123-2991
ATTN: Hero Scholarship Run

For Information Call:
Captain Armand Gersbach
(215) 686-1365

Three awards in nine divisions --- Men & Women --- No duplication of awards

Categories: 12 & Under, 13 - 19, 20 - 29, 30 - 39, 40 - 49, 50 - 59, 60 & over

Special awards to: Top Three Police Officers, Firefighters, Weight Watchers & overall Phila. Uniformed winner.

I CAN NOT ATTEND THE RACE BUT I WOULD LIKE TO DONATE TO THE FUND. \$ _____ .00

NAME: _____ **COMPANY/UNIT:** _____

ADDRESS: _____ **ZIP:** _____ **AGE:** _____

PLEASE CIRCLE CHOICE: RUNNER WALKER **SHIRT SIZE:** S M LG XL 2XL

FIREFIGHTER POLICE OFFICER WEIGHT WATCHERS SEX: M F

WAIVER:

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I also know that, although Police protection will be provided, there will be traffic on the road course. I assume the risk of running this event including but not limited to falls, contact with other participants, the effects of the weather, including high heat and / or humidity, and the conditions of the roads, all such risks being known and appreciated by me. Knowing these facts and in consideration of your accepting my entry fee, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge the City of Philadelphia / Hero Scholarship Fund of Philadelphia / Fire department / Police Department and all sponsors including their agents, employees, assigns or anyone acting for in their behalf, from any and all claims of any kind or nature whatsoever. The undersigned further grants full permission to the Hero Scholarship Fund and / or agents authorized by it to use their names, any photographs, videotapes, motion pictures, recordings, or any other record of this event for any other purpose.

SIGNATURE OF PARTICIPANT: _____ **DATE:** _____

*****SIGNATURE OF PARENT OR GUARDIAN (IF UNDER 18 YEARS OLD)*****