Name	Actual Ata Anni A Cooperation (A Care Language
Street	City
Zip Code	Phone Number
Name of school or to receive my plea	
the Minnesota M permitting me to behalf of myself, and claims for d MINNESOTA M tee members, at the MARATHON	consideration of the furtherance of the purposes and objectives of darathon for Nonpublic Education and in correspondence of your participate in the MARATHON for NONPUBLIC EDUCATION, on heirs and representatives, waive and release any and all rights amages whatsoever they may be, especially against the ARATHON for NONPUBLIC EDUCATION, its officers and commitmy governmental unit as well as any other person connected with I, for any and all injuries arising out of the MARATHON. Particiage of 18 must have this application signed by parent or guardian.
X Signature of Pa	rent or Guardian Date
you think might What the MARA	ONSORS— Take your sponsor sheet to any business or person be willing to sponsor you. Tell them the following: Who you are; THON is; Where the MARATHON route or Service Project is louare participating; and Why you are walking, running, jogging, bik-
vised on the rou	ENTS AND PARTICIPANTS — MARATHONERS will be super- te. Special attention will be given arterial intersections. Service supervised and are expected to be safe for the participants.
this validated tions immedia	collect the donation when the pledge was received, take pledge sheet to your sponsors and collect your donately following the MARATHON. All donation is to be ne school or church of your choice.

Print Sponsors' Names & Addresses	Donation Per Mile/ Service Project	Total Donation
		SA 5.
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