

From The Heart Half Marathon/Relay/5K Run/Walk

REGISTRATION FORM

Saturday, May 1, 2021

Last Name _____ First Name _____
Age on May 1, 2021 _____ Birth date ____/____/____ Sex M F
Contact Number (____) _____
Street Address _____
City, State, Zip Code _____
Email address _____
Emergency Contact and Phone Number _____

If Relay, enter information here for team member #2:

Relay Team Member 2 _____ Age _____ Gender _____
Relay Team Name _____ Shirt Size S M L XL 2XL
3XL

Shirt Size (adult) S M L XL 2XL 3XL

I/We plan to participate ____ Virtual (May 1-15) ____ On Race Day (May 1) ____ Undecided

Half Marathon (8:00 am) \$40.00 (3 hour time limit)
 Half Marathon Relay Team (8:00) \$60.00 (50 Teams Maximum)
 5K Run/Walk (8:30 am) \$30.00

Mailed registrations received after April 25th will not be guaranteed a shirt.

WAIVER. Knowing that running a race is a potentially hazardous activity, I enter and run this race certifying that I am medically able and properly trained. I also know that, although police protection will be provided, there may be traffic on the course route. I assume the risk of running in traffic. I also assume any and all other risks associated with running this event including but not limited to falls, contact with other participants, the effects of weather, including high heat and/or humidity, and the condition of the roads.

Knowing these facts, and in consideration of your acceptance of my entry, 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 From the Heart Half Marathon/5K Walk/Run, the counties, cities and villages in which the race is conducted, any other organization associated with the race, race officials, volunteers, any and all sponsors including their agents, employees, assigns or anyone acting for or on their behalf, from any and all claims or liability for death, personal injury, or property damage of any kind or nature arising out of, or in the course of, my participation in this event. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

The undersigned further grants full permission to the race and any organization conducting the race and/or agents authorized by them to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any purpose.

I have read the foregoing and certify my agreement by my signature below.

Signature _____ Relay Team Member 2 _____
(by parent/guardian if participant is under 18)

MAIL ENTRY FORM WITH FEE TO: (check payable to TLC/From The Heart)

**From The Heart Half Marathon/5K Run/Walk
PO Box 853
Owatonna, MN 55060**