

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

REGISTRATION FORM

Saturday, May 6, 2017

Last Name _____ First Name _____
Age on May 6, 2017 _____ Birthdate ____/____/____ Sex M F
Contact Number (____) _____
Street Address _____
City, State, Zip Code _____
Email address _____
Emergency Contact and Phone Number _____

HALF MARATHON RELAY SECOND PERSON INFO:

Relay Team Member 2 _____ Age _____ Gender _____ Relay
Team Name _____

Shirt Size (adult) S M L XL Relay Team Member 2 S M L XL

Are you a cancer survivor? If so, a special shirt will be designated for you. Y N

<input type="checkbox"/> Half Marathon (8:00 am) (3 hour time limit)	<input type="checkbox"/> Half Marathon Relay Team (8:00) (50 Teams Maximum)	<input type="checkbox"/> 5K Run/Walk (8:30 am)
On or before April 1 \$40.00	On or before April 1 \$75.00	On or before April 1 \$30.00
On or before April 28 \$45.00	On or before April 28 \$85.00	On or before April 28 \$35.00
Race Day Registration \$50.00	Race Day Registration \$95.00	Race Day Registration \$40.00

**Registrations received after April 28th will not be guaranteed a t-shirt.
Award ceremony and cancer survivor photo will take place at 10:30 a.m.**

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