2010 10K/5K WHEELCHAIR MAIL-IN REGISTRATION FORM

Printable form

NOTE: ENTRIES ARE NEITHER EXCHANGEABLE OR REFUNDABLE

BIB # _____ (Note: Reissued BIB # Fee is $5.00) USATF #_____

For Office Use Only *For USATF Competitors Only*

WHICH EVENT? Check one only ☐ 10K ☐ 5K

Name: _____

Last First MI

Age: ____ Birthdate: ____-____-____ Gender: ☐ Male ☐ Female

(Age on April 24, 2010) Month Day Year

Address: _____

City: _____

State: ____ Zip: _____ Phone: ____-____-____

E-mail _____

10k/5k Fees:	Thru January 31	$26.00
	February 1 - March 28	$28.00
	March 29 - April 17	$33.00

10k/5k Run/Walk:_____

Optional donation to 2nd Harvest Heartland:_____

Total:_____

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 agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with participating in this event including, but not limited to; falls, contact with other participants or spectators, the effects of the weather-including heat or high humidity-traffic or the conditions of the road surface, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act for my behalf, waive and release the Get in Gear, INC., the management personnel, the Minneapolis and St. Paul Park Boards and all sponsors of the event, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability might arise out of negligence or carelessness on the part of the persons named in this waiver.

I understand that this event is being timed using ChampionChip technology and I will be assigned a timing chip. I agree to accept responsibility for the chip and will return it after the event. My failure to return the chip may result in a $30.00 assessment.

I understand my failure to abide by the prohibition of headphone devices will result in rejection of medical and liability insurance coverage should incidences arise on the course affecting me.

I hereby irrevocably consent to and authorize the use and reproduction by Get in Gear, Inc., or anyone authorized by Get in Gear, Inc., of any and all photographs and video taken of me for any purpose whatsoever, without further compensation. All photographs and videos shall constitute Get in Gear, Inc. property.

I have read and agree to the above.

Signature: _____ Is this your first Get in Gear race? (circle one) Yes No

(If you are under age 18, parents must sign here for you)

Get in Gear, Inc., P.O. Box 6727, Minneapolis, MN 55406-0727

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