



First Name

Last Name

Address

City

State

Zip

E-Mail Address

Age on Race Day _____



Participant Telephone: _____

Are you a runner or a walker? runner walker

Shirt Size (short sleeve technical): S M L XL

ENTRY FEE: BEFORE RACE DAY: \$38 RACE DAY: \$45

ONLINE REGISTRATION & QUESTIONS: www.ultrafit-usa.com

Make checks payable to and mail with completed entry(s) to:

ULTRAFIT-USA, PO BOX 629, HILLIARD OH 43026

RACE WAIVER: (Please read carefully) 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 a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including cold, snow and/or ice, high heat and/or humidity, traffic and the conditions of the road, 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 on my behalf, waive and release ULTRAFIT-USA, its directors, officers, and staff, City of Columbus, Columbus & Franklin County Metro Parks, all sponsors their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. I understand that headsets of any kind, dogs on leashes, in-line skates, bicycles and vehicles to transport children are prohibited and that violation of this prohibition will result in disqualification.

Signature

Date

Parent or Guardian Signature (if under 18 years of age)

Date