



First Name

Address

City

State

Zip

E-Mail Address

Emergency Contact

I am entering the (circle one): **10K** **5K**

Runner _____ Walker _____ **DATE OF BIRTH** _____

Shirt Size: (circle) S M L XL XX

ENTRY FEES:

10K.....\$45

5K.....\$38

LADIES 4+ PACK (\$5) DISCOUNT: Save \$5 per person if you are entering 4 or more people.

Please enclose all entries in the same envelope.

RACE WAIVER: Please read carefully. In return for acceptance of my entry fee, I, for myself, for my executors, administrators and assigns, hereby release and discharge ULTRAFIT-USA, Columbus and Franklin County Metro Parks and any and all sponsors associated with the race, their agents and employees for any and all claims for damages, actions, demands and injuries arising out of my participation in this event. I have full knowledge of all risks involved in participating in the run and state that I am physically fit and sufficiently trained to participate in it.

SIGNATURE _____ **DATE** _____

GUARDIAN SIGNATURE _____ **DATE** _____

(If participant is under the age of 18)

FOR INTERNAL USE ONLY: TOTAL ENTRY FEE: PAYMENT TYPE:
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