

10th Annual Trinity Free Clinic 5K

Saturday, September 17th

2011 Entry Form



First Name: _____
 Last Name: _____
 Street Address: _____
 City: _____
 State: _____ Zip Code: _____
 Phone: (____) _____

Are you a member of a team? Y/N Team Name _____

Email Address: _____

Sex: M F Age on Race Day: _____ T-Shirt Size: youth: Medium or
 adult: S M L XL

Emergency Contact Name: _____ Phone: (____) _____

Entry Fee	
\$ _____	\$22 Pre-registered by 9/7/11 Includes T-shirt (max. \$70 per family)
\$ _____	\$25 Registration fee after 9/7/11 * (max. \$80 per family)
\$ _____	Donation to Trinity Free Clinic
\$ _____	Total amount made payable to: Trinity Free Clinic

*participants who register after 9/7/11 are not guaranteed a shirt

Please Read and Sign (Our lawyers made us write this)

I have read the accompanying event information and understand the policies of the event. I know that running and walking a road race is a potentially hazardous activity. I will not enter 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 or walk. I also know that while police protection will be provided, there may be traffic on the course. I assume all risks associated with my voluntary participation in this event, including but not limited to, falls, contact with other participants, the effects of the weather, including extreme temperatures, traffic and all conditions of the road, all such risks being known and appreciated by me.

Knowing these facts and in consideration of your accepting my entry, I, Myself and anyone entitled to act on my behalf, WAIVE, RELEASE AND DISCHARGE St. Vincent's Hospital and Health Centers, Our Lady of Mount Carmel Church and School, Trinity Free Clinic, Inc., all race sponsors, race organizers, race officials, race workers and race volunteers for any and all claims or liability, whether foreseen or unforeseen, for death, personal injury or property damage arising out of, or in the course of my participation in the event. I further grant full permission to all of the foregoing or their agents, to use any photographs, videotapes, motion pictures, recordings or other record of the event for any reasonable purpose. Race will be run rain or shine, sorry no refunds.

Signature of participant or Parent/legal guardian signature if entrant is under age 18 _____ Date _____

All entry forms must be signed and include an entry fee. Make checks payable to Trinity Free Clinic and mail to: Trinity Free Clinic 14598 Oakridge Road, Carmel, Indiana 46032