

9th annual Spirit Run

OCTOBER 1, 2011



One person per entry form. This form may be duplicated. No refunds or transfers. Please print responses.

First Name: _____ **Last Name:** _____

Event: Walk Run

Birth Date (MM/DD/YYYY): _____ **Age on Race Day (10/01/2011):** _____

Gender: M F **Email Address:** _____

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: (____) _____

T-Shirt Size: Small Medium Large XL 2X ONLY PRE-REGISTRANTS GUARANTEED A T-SHIRT.

Emergency Contact

Name: _____ **Phone:** (____) _____

How did you hear about Spirit Run?

- I'm a member of the UHS community
- Radio
- Runner's Calendar / e-mail
- Mailbox Flyer
- School on Wheels
- Newspaper Article
- Poster
- Friend's Recommendation
- Other: _____

Registration Fees

\$25 Entry(\$30 on Race Day)..... \$ _____
 Donation to the Spirit Run..... \$ _____
 *Donation in Honor/Memory..... \$ _____
 Total..... \$ _____

Please make checks payable to UHSPA. To register with credit card, go to www.spirit-run.org. There is a processing fee associated with online registration.

*I am donating in honor memory of:

Name: _____

Waiver and Release (must be signed)

I know that running and walking in a road race is a potentially hazardous activity. I should 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 cold, snow, and ice), traffic, and the conditions on the road with all such risks being known and appreciated by me. Knowing these facts, and in consideration of my accepted entry, I myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue and WAIVE, RELEASE and DISCHARGE: University High School, volunteers, West Park, Coxhall Gardens, Vision Event Management, their representatives, successors, or assigns from ANY and ALL claims or liabilities, whether foreseen or unforeseen, for death, personal injury, or property damage arising out of or in the course of, my participation in this event. I further grant full permission to the event coordinators and volunteers and/or agents authorized by them, to use any photographs, videotapes, motion pictures, recordings, or other record of the event for any reasonable purpose. I understand that my entry is non-refundable.

Signature of Participant or Guardian _____ **Date** _____

Mail completed Registration Form to University High School - 2825 West 116th Street - Carmel, Indiana 46032