

Sunday, May 6, 2018

| Benefitting Cholla High School progr Project) | rams, scno | iarsnips, H.U.P | .P (Healthy C | oonam Promotion |
|--|------------|-----------------|---------------|-----------------|
| Name: | | | _ | |
| Address: | | | _ | |
| City, State Zip: | | | _ | |
| Email: | | | | |
| Date of Birth:// Age on 5/1/ | | | | |
| Event: 10K run 10K walk 10k | K Team | 5K run/walk | _ 5K Team | Fitkidz |
| Entry Type (check one): | | | | |
| \$30 SAR member by 4/21/2018 | | | | |
| \$35 Non-SAR member by 4/21/2 | | | | |
| \$35 SAR member after 4/21/20 | | | | |
| \$40 Non- SAR member after 4/2 | | | | |
| \$40 ALL at Packet Pick Up and o | on Race Da | V | | |

In consideration of the acceptance of this entry, inferedy, for myself and my ners, executors, and administrators, waive any and all rights, claims for damages I may have against the sponsors, coordination groups, City of Tucson, Cholla High School, TUSD, Southern Arizona Roadrunners and any individuals and sponsors associated with said event. Also, none of the above is responsible for the loss of personal items or any other form of aggravation in connection with said event. I have been warned that I must be in good physical condition to participate in the event. In filling out this form, I acknowledge that I am an amateur in such event. I also give permission for the free use of my name and picture in any broadcast, telecast, print or digital media account of this event. In filling out this form, I acknowledge I have read and fully understand my own liability and do accept the restrictions.

| Entrant's Signature*: | |
|-----------------------|--|
| Date: | |

*Parent or guardian's signature if entrant is under the age of 18______

Team Name: ______ Team Captain: ______

(Mailed entries must be received no later than April 28, 2017) Make Checks Payable to: Southern Arizona Roadrunners

Mail to: Dr. Gann's Diet of Hope Cinco de Mayo c/o Southern Arizona Roadrunners PO Box 64215 Tucson, AZ 85728-4215