



# BIRCH BAY ROAD RACE 2010 ENTRY FORM

## PLEASE CHECK ONE:

5K (Run/Walk)       15K (Run/Walk)       30K (Run Only)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Sex (M/F): \_\_\_\_ Age (on March 27/10): \_\_\_\_ Date of Birth: M/D/YR \_\_\_\_/\_\_\_\_/\_\_\_\_

Shirt Size:  S  M  L  XL  XXL (15K & 30K are gender specific)

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Club Affiliation: \_\_\_\_\_

Medical conditions we should be aware of: \_\_\_\_\_

## ENTRY FEES: US Funds (NO REFUNDS)

	Until January 31	February 1 to March 19	March 20 to 27
5K	\$25	\$30	\$35
15K	\$40	\$45	\$55
30K	\$55	\$60	\$70

RACE FEE: \$ \_\_\_\_\_ (club discount 10% off each fee when 3 or more entries mailed in together)

**FEES INCLUDE T-SHIRT, TIMING CHIP, ON COURSE SUPPORT & POST-RACE FOOD. 5K receive a Cotton T-Shirt. 15K & 30K receive a gender specific Technical T-shirt.**

**Please make checks payable to:**

**TOTAL HEALTH EVENTS**

**2132 Westlake Ave N, #124, Seattle, WA, 98109 (must be received by March 19/2010)**

IN CONSIDERATION of the acceptance of my application and the permission to participate as an entrant or competitor in the BIRCH BAY ROAD RACE 5K, 15K & 30K, I, for myself, my heirs, executors, administrators, successors and assigns, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE Total Health Events LLC, all sponsors, contributors, contractors, employees, sanctioning bodies OF AND FROM ALL claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWEVER CAUSED, arising or to arise by reason of my participation in the said event, whether as a spectator, participant, competitor or otherwise, whether prior to, during or subsequent to the event, AND NOTWITHSTANDING THAT THE SAME MY HAVE BEEN CONTRIBUTED TO, OR OCCASIONED BY, THE NEGLIGENCE OF ANY OF THE AFORESAID. I FURTHER HEREBY UNDERTAKE to HOLD AND SAVE HARMLESS and AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by all of them as a result of, or in any way connected with, my participation in the said event. BY SUBMITTING THIS ENTRY I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED TO THE ABOVE WAIVER, RELEASE AND INDEMNITY I WARRANT that I am physically fit to participate in this event.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

GUARDIAN SIGNATURE (if under 17): \_\_\_\_\_