Saturday, March 17, 2012
Start Time 10:00am

St. Patrick's Day Celebration
SHAMROCK RUN & WALK

Make Check payable to:
Indy Sports Foundation
Mail to: Indy Sports Foundation
Attn: Shamrock Run & Walk
PO Box 90013
Indianapolis, IN 46290

Must be postmarked by 3/10 or Faxed 888-756-3552 by 3/13

The Race starts on Monument Circle in downtown Indianapolis.

Shamrock Run & Walk

Amateur Athletic Waiver and Release of Liability (Read before signing)

In consideration of being allowed to participate in any way in the Shamrock Run and Walk, related events and activities. I acknowledge, appreciate and agree that: Running and walking a road race is a potentially hazardous activity and the risk of injury does exist. I should not enter unless I am medically able and properly trained. I knowingly and freely assume all such risks both known and unknown even if arising from the negligence of the releasees or others and assume full responsibility for my participation. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence of participation, I will remove myself from participation and bring such to the attention of the nearest official immediately. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the IAC Sports Foundation, Inc., BTA enterprises, Inc., Tuxedo Brothers Event Management, Consolidated City of Indianapolis. With respect to all injury, disability, death or loss or damage to person or property, whether arising from the negligence of the releases or otherwise. I understand that this event utilizes scoring and time technology and that I will receive a rental tag at packet pick-up. I also understand that I will be charged a $30 fee if the rental chip isnot returned. A $25 fee will be assessed for all returned checks. I further grant full permissionto the above mentioned organizers, 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 have read this release of liability and assumption of risk agreement and fully understand its terms and understand that I have given up substantial rights by signing it. I signed it freely and voluntarily without any inducement.

_____

Signature of Participant

_____

Signature of Parent or Guardian if entrant is under 18

_____

Date

Pre-Registration Mail-in/Fax Form

Please check one

☐ 4 Mile Run/Walk (with timing tag) $22

☐ 4 Mile Fun Fitness Walk (without timing tag) $20

First Name

Last Name

Street Address

City State Zip Code

E-mail address

Telephone number

Emergency Contact

Emergency Contact Number

Date of Birth / / Age on Race Day Sex Male ☐ Female ☐

Shirt Size

S ☐ M ☐ L ☐ XL ☐ XXL ☐

Method of Payment

Cash ☐ Check ☐ Visa ☐ Mastercard ☐ (Note: There is a small service fee to process credit cards)

Card Expiration Date (month/year) -

CID Number(3 digits - required)

Card Number

_____

Signature (required)