

Saturday, March 13, 2010

Start Time 9:00am



Make Check payable to:
Indy Sports Foundation
Mail to: Sequence, Inc.
Attn: Shamrock Run & Walk
710 Green Meadow Drive
Greenwood, IN 46143

Must be postmarked by 3/8 or Faxed 317-888-8123 by 3/10

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 the IPICO scoring and time technology and that I will receive a rental chip at packet pick-up. I also understand that I will be charged a \$30 fee if the rental chip is not returned. A \$25 fee will be assessed for all returned checks. I further grant full permission to 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.

Pre-Registration Mail-in/Fax Form

Please check one

- 4 Mile Competitive Run/Walk \$22
4 Mile Fun Fitness Walk (without timing tag) \$20

First Name

[Grid for First Name]

Last Name

[Grid for Last Name]

Street Address

[Grid for Street Address]

City

[Grid for City]

State

[Grid for State]

Zip Code

[Grid for Zip Code]

E-mail address

[Grid for E-mail address]

Telephone number

[Grid for Telephone number]

Emergency Contact

[Grid for Emergency Contact]

Emergency Contact Number

[Grid for Emergency Contact Number]

Date of Birth

[Grid for Date of Birth]

Age on Race Day

[Grid for Age on Race Day]

Sex

Male

Female

[Gender selection boxes]

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)

[Grid for Card Expiration Date]

CID Number(3 digits)

[Grid for CID Number]

Card Number

[Grid for Card Number]

Signature of Participant

Signature of Parent or Guardian if entrant is under 18

Date

Signature