| | EVENT USE: BIB # |
|---|---|
| Event Date: October 8, 2016 Where: Bosque School 4000 Learning Road NW Albuquerque, NM 87120 Events: 10K Run: 5:15 p.m. 5K Run/Walk: 5:30 p.m. Kids K: 5:00 p.m. | DITCH WITCH |
| EVENT INFORMATION: www.irunfit.org | |
| Please Print • OK to Photocopy • Race | Number are NON-Transferable |
| First Name Last Name | DOB Age on Race Day Gender □M□F |
| Address | State Zip |
| Phone Number () - Email | |
| 10K RUN 5K RUN/WALK - INDIVIDUALS Early Registration (Until 9/24/16) \$30 Registration (After 9/24/16) \$35 Race Day (10/8/16) \$40 | KIDS K – <i>12 and Under</i> Registration \$15 T-SHIRT SIZE YS YM YL |
| 10K RUN 5K RUN/WALK - 65 or Older Early Registration (Until 9/24/16) \$25 Registration (After 9/24/16) \$30 Race Day (10/8/16) \$35 | □S □M □L □XL □XXL |
| ☐ 10K RUN ☐ 5K RUN/WALK - 17 AND Under ☐ Early Registration (Until 9/24/16) \$20 ☐ Registration (After 9/24/16) \$25 ☐ Race Day (10/8/16) \$25 | |

Payment Method: Cash Check Credit Card: Mastercard Visa American Express

| Credit Card Number | Security Code | Expiration | My Personal Donation: | \$ |
|--------------------|---------------|------------|---------------------------|----|
| | | | Total: | \$ |
| Signature | | | Enclosed is my check for: | \$ |

MAKE CHECKS PAYABLE TO: RunFit | MAIL TO: 12104 Palm Springs Ave. NE, Albuquerque, NM 87111

Waiver: In consideration of your acceptance of my entry, I, for myself, my executors, administrators, and assignees, do hereby release and discharge the RunFit, City of Albuquerque, and all other sponsors and associates for all claims of damage, demands, actions what so ever in any manner arising or growing out of my participating in said athletic event. I attest and verify that I have full knowledge of the risks involved in this event, and I am physically fit and have sufficiently trained to participate in this event.

If, however, as a result of my participation in this race I require medical attention, I hereby give my consent to the authorized medical personnel of this race to provide such medical care as is deemed necessary by such authorized personnel. I also understand that in the event this race cannot be held as scheduled due to an act of God or circumstances beyond control, the race is not liable to refund any money paid by me to participate. Further, I hereby grant full permission to any and all of the foregoing to use my photographs, videotapes, motion pictures, recordings, or any other record of this event for any legitimate purpose. I understand that the entry fee is non-refundable and that race numbers are not transferable

Waiver (17 and Under): If athlete is under age 18: This is to certify my son/daughter has my permission to compete in the Albuquerque Half Marathon and related events, is in good physical condition, and that raceofficials have my permission to authorize emergency treatment if necessary.

Signature

Event Information and Register Online at www.irunfit.org