



Event Date: October 29, 2016
Where: Kit Carson Park
 13101 Menaul Blvd. NE
 Albuquerque, NM 87112

Events: **10K Run** Starts at 9:00 a.m.
5K Run/Walk Starts at 9:05 a.m.
Kids K Starts at 10:15 a.m.

EVENT REGISTRATION FORM

Please Print • OK to Photocopy • Race Number are NON-Transferable

First Name	Last Name	DOB / /	Age on Race Day	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Address		City	State	Zip
Phone Number () -	Email			

- 10K RUN** **5K RUN/WALK - INDIVIDUALS**
 Early Registration (Until 10/4/16) \$30
 Registration (After 10/4/16) \$35
 Race Day (10/29/16) \$40

- KIDS K – 11 and Under**
Early Registration (Until 10/1/16) \$15
Race Day (10/29/16) \$15

- 10K RUN** **5K RUN/WALK - 65 or Older**
 Early Registration (Until 10/4/16) \$25
 Registration (Until 10/4/16) \$30
 Race Day (10/29/16) \$35

- T-SHIRT SIZE**
 YS **YM** **YL**
 S **M** **L** **XL** **XXL**

- 10K RUN** **5K RUN/WALK - 17 AND Under**
 Early Registration (Until 10/4/16) \$20
 Late Registration (10/4/16) \$25
 Race Day (10/29/16) \$30

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

Credit Card Number	Security Code	Expiration
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My Personal Donation: \$

Total: \$

Enclosed is my check for: \$

Signature _____

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 whatsoever 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 Sandia Mountain Shadows Trail Run and related events, is in good physical condition, and that race officials have my permission to authorize emergency treatment if necessary.

Signature _____

Event Information and Register Online at www.irunfit.org