



EVENT REGISTRATION FORM

Where: Bosque School

4000 Learning Rd. NW Albuquerque, NM 87120

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

First Name	Last Name			DOB / /	Age on	Race Day	Gender
Address			City	State		Zip	
Phone Number () -	Email						
Team Name		Second entries are for team members only. If you are running solo, please fill out top portion of entry form. If you are on a team, indicate your team name and fill out the information for your teammate below.					
First Name	Last Name	Last Name			Age on Race Day Gender		
Address				State		Zip	
Phone Number () -	Email						
10K & 5K RUN - ALL A Early Registration (Until 2/ Late Registration (After 2/1 Race Day (2/14/16) \$35 ADULT TEAMS 2-person Early Registration (Until 2/ Late Registration (After 2/1 No team registration race of	/16) \$30 [(16) \$35 [teams /16) \$60 [(16) \$70 [Early Regi Late Regis Race Day ADULT Early Regis Late Regis	or WALK - ALL AGES istration (Until 2/1/16) \$30 stration (After 2/1/16) \$35 (2/14/16) \$35 TEAMS 2-person teams istration (Until 2/1/16) \$60 stration (After 2/1/16) \$70 registration race day	Early R Early R Late Re KIDS Early R Race D T-SHI	egistratio gistratio	on (Until 2 n (After 2 AGES on (Until 2 16) \$15	nd Older 2/1/16) \$25 /1/16) \$30 2/1/16) \$15
Payment Method: Cash Check Credit Card: Mastercard Visa American Express Credit Card Number Security Code Expiration My Personal Donation:						\$	
Signature				nclosed is my che		\$	

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 City of Albuquerque and Bernalillo County, Bosque School, RunFit 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. I am also responsible for the safe return of the race timing chip that will be assigned to me: 5K Run/Walk.

Waiver (17 and Under): If athlete is under age 18: This is to certify my son/daughter has my permission to compete in the 5K Run/Walk, Kids K and related events, is in good physical condition, and that race officials have my permission to authorize emergency treatment if necessary.

Signature