

First Name

Event Date: April 8, 2017

Where: Alvarado Elementary School

1100 Solar Road NW Albuquerque, NM 87107

Events: Half Marathon Starts at 8:00 a.m.

10K Run Starts at 8:45 a.m.5K Run & Walk Starts at 9:00 a.m.

Last Name

Kids K Starts at 10:00 a.m.

permission to compete in the Albuquerque Half Marathon and related events, is in good physical condition, and that race officials have my permission to authorize emergency treatment if necessary.



DOB

Age on Race Day

EVENT REGISTRATION FORM

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

						M □F
Address		City		State	Zip	
Phone Number () -						
HALF MARATHON - AL Early Registration (Until 2/19/1) Late Registration (After 2/19/1) Race Day (4/8/17) \$80	17) \$60	☐ Ear ☐ Lat	RUN or 5K Warly Registration ce Registration ce Day (4/8/17)	(Until 3/19/17) (After 3/19/17)	\$20	
10K RUN - <i>ALL AG</i> ☐ Early Registration (<i>Until 3/19/1</i> ☐ Late Registration (<i>After 3/19/1</i> ☐ Race Day (<i>4/8/17</i>) \$40	17) \$30	☐ Lat	1K RUN rly Registration te Registration ce Day (4/8/17)	(After 3/19/17)) \$15	
5K RUN or 5K WALK - <i>ADULT</i> ☐ Early Registration (<i>Until 3/19/17</i>) \$30 ☐ Late Registration (<i>After 3/19/16</i>) \$35 ☐ Race Day (4/8/17) \$40		T-SHIRT SIZE ☐ YS ☐ YM ☐ YL ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL Note: T. Shirt Size: XXXL(+\$5)				
Payment Method: ☐ Cash ☐ Check ☐ Credit C	ard: □Masterca		merican Express			
Credit Card Number	Security Code	Expiration	·	onal Donation:	\$	
				Total:	\$	
Signature			☐ Enclosed is	my check for:	\$	
Waiver: In consideration of your acceptance of my entry, I, for m of Los Ranchos, Bernalillo County, RunFit and all other sponsor participating in said athletic event. I attest and verify that I have f event. If, however, as a result of my participation in this race I re medical care as is deemed necessary by such authorized perso beyond control, the race is not liable to refund any money paid by me to participa pictures, recordings, or any other record of this event for any legit	nyself, my executors, ac s and associates for all full knowledge of the ris quire medical attention annel. I also understand te. Further, I hereby gra timate purpose. I under	dministrators, and assign claims of damage, dema ks involved in this event , I hereby give my conso that in the event this rac ant full permission to any estand that the entry fee i	nees, do hereby relea ands, actions whatso c, and I am physically ent to the authorized be cannot be held as s y and all of the foregoi	ase and discharge the ever in any manner of the and have sufficier medical personnel of the duled due to an aim to use my photogone.	ne City of Albuquerquarising or growing outly trained to particip of this race to provide act of God or circums praphs, videotapes,	ue, Village ut of my pate in this e such stances motion
Waiver (17 and Under): If athlete is under age 18: This is to	certify my son/daughte	r has my				

Signature