TEAM MEMBER ENTRY FORM

Copy this form as needed.

OUTRUN THE SUN

June 7, 2008 • 7 PM • Indianapolis, IN • 1-Mile Walk • 5k Run/Walk • 5-Mile Run

PLEASE PRINT

TEAM NAME _____ TEAM CAPTAIN NAME _____

TEAM CAPTAIN CONTACT INFO (ADDRESS/PHONE/EMAIL) _____

PARTICIPANT FIRST NAME _____ PARTICIPANT LAST NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ ( ) PHONE _____ ❑ MALE ❑ FEMALE

EMAIL _____ DATE OF BIRTH _____ AGE _____

EVENT TYPES *(SELECT ONE - COMPETITIVE EVENTS ARE TIMED)*

❑ 1-MILE NON-COMPETITIVE WALK ❑ 5K NON-COMPETITIVE WALK

❑ 5K NON-COMPETITIVE RUN ❑ 5-MILE COMPETITIVE RUN

RACE T-SHIRT SIZE: ADULT ❑ S ❑ M ❑ L ❑ XL ❑ XXL

Shirts are provided to all pre-registered participants. Those registering onsite on June 7, are not guaranteed a shirt or correct shirt size.

TEAM PARTICIPANT REGISTRATION $17.00

(Children age 8 and under are free, but will not recieve a t-shirt or other participant benefits)

MAKE CHECKS PAYABLE TO: *TUXEDO BROTHERS*

CREDIT CARD PAYMENT: ❑ VISA ❑ MASTERCARD

CARD# _____

EXP DATE _____ *SIGNATURE AT RIGHT AUTHORIZES PAYMENT*

Additional donations *(with checks made payable to Outrun the Sun, Inc)* can also be submitted to your team captain, or mailed directly to: Outrun the Sun, Inc., 2815 E. 62nd St., Ste. 220, Indianapolis, IN 46220.

❑ **I WOULD LIKE TO BE RECOGNIZED AS A MELANOMA SURVIVOR.**

RELEASE AND WAIVER STATEMENT *(MUST BE SIGNED)*

In consideration of the foregoing, I, for myself, my heirs, executors and administrators, waive and release any and all rights and claims I may have against any of the sponsors, organizers, Outrun the Sun, Inc., Indiana University Purdue University Indianapolis, City of Indianapolis, Tuxedo Brothers, Inc. for any and all claims of damages, demands or loss actions whatsoever which may arise as a result from participation in this event. I understand and acknowledge that participating in this run/walk event may expose me to dangers from both known and anticipated risks. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and my physical condition has been verified by a licensed medical doctor. Further, I grant full permission to any and all of the foregoing to use my likeness for any legitimate purpose whatsoever. I agree to use the Timing Tag device and return it after completing the event. If I do not return the Timing Tag, I will pay the organizers a $20 fee.

_____

SIGNATURE OF PARTICIPANT DATE

(OR SIGNATURE OF PARENT/GUARDIAN IF ENTRANT IS AGE 17 OR YOUNGER)

RETURN THE COMPLETED FORM AND PAYMENT TO YOUR TEAM CAPTAIN BY MAY 16.