

# THE NUN RUN - March 10, 2012

## PERSONAL INFORMATION (One form per participant please)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

T-Shirt Size (All men's cut): S M L XL XXL Youth S Youth M Youth L

I am registering as:

**On-Site Participant**

*or*

**Shadow Participant**

**An On-Site Participant is a runner/walker who will be participating on March 10 at Kiwanis Park Tempe, AZ**

10km Run \_\_\_\_\_

5km Run \_\_\_\_\_

5km Walk \_\_\_\_\_

1 mile Walk \_\_\_\_\_

I am part of an organized team running at Kiwanis Park:  YES  NO

If Yes, my Captain is:

\_\_\_\_\_

**A Shadow Participant is a runner/walker who will NOT be at Kiwanis Park in Tempe, AZ – but someone participating in your own area.**

10km Run \_\_\_\_\_

5km Run \_\_\_\_\_

5km Walk \_\_\_\_\_

1 mile walk \_\_\_\_\_

I am a part of a Shadow Team:

YES  NO

If Yes, my Captain is:

\_\_\_\_\_  
(Your t-shirt will be mailed to the team captain)

Please check one:

I will be participating on March 12, 2011

I will be participating on a different day

## COST

\$25 Prior to Midnight Feb. 25    \$30 Prior to 6:00 p.m. March 9    \$35 Day of Registration

Please make checks payable to **Our Lady of Solitude** and remit to:  
Four Peaks Racing, PO Box 74545, Phoenix, AZ 85087

How did you hear about The Nun Run? \_\_\_\_\_

In submitting this entry, I, intending to be legally bound for myself, my heirs, executors, and administrators waive, release and forever discharge any and all rights and claims for damages I have or may have against the organizers of this event, its principals, its employees, its volunteers, all sponsors and their representatives for any and all claims and damages, demands actions whatsoever in any manner, as a result of my participation in The Nun Run, including travel to and from the event. I hereby consent to medical treatment in the event of injury, accident and/or illness during the event. I hereby grant full permission to any and all of the foregoing to use my name and likeness in any broadcast, telecast, video or print media reporting or advertising of the event without compensation. If you are under 18, a parent or legal guardian must sign this form.

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE (Guardian to sign if under 18) \_\_\_\_\_