

THE STARTING BLOCK 2010
RESOLUTION
IT PAYS TO RUN RUN

COLUMBIA
 SUNDAY
January 17, 2010

 SPRINGFIELD
 SATURDAY
January 23, 2010

EVENT ENTRY INFORMATION - Please write clearly

First Name: _____ **Last** _____

Address _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Gender:** M / F **Age:** _____

Email: _____

Race Location: Columbia Springfield

Entry Fee: \$25 (Each entry receives a \$20 Starting Block Gift Card)

Waiver: I know that running is a potentially hazardous activity. I should not enter and run unless I am physically fit, medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I hereby certify I am in good health, and I have trained to run the distance of the race of which I am entering. I assume all risks associated with running in this event, all risks being known and appreciated by me. Having read this waiver and knowing these facts and in considering your accepting my entry into this running event, I, for myself and anyone entitled to act on my behalf waive and release The Starting Block, Ultramax Events and Wilson's Total Fitness, their officials, directors, agents, volunteers, and employees, sponsors and all affiliates of all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons or entities named in this waiver. I grant permission to all the foregoing to use my photographs, motion pictures, recordings, videos, or any other recording of this event for promotional purposes.

Signature: _____ **Date:** _____
 (Parents signature required if participant is less than 18 years of age).

Official Use Section

Payment Method: _____ **Google Docs Verification:** _____

Purchaser's Name First _____ **Last** _____