



HEROES HALF SUNDAY, APRIL 29, 2012

8:00 AM

Online Registration: www.heroeshalf.com



First Name: _____ Last Name: _____

Sex: M F Age (on April 29/2012): _____ Date of Birth: M/D/YR ____/____/____

Race Pace: _____ minutes/mile

Address: _____ City: _____

State: _____ Postal Code: _____

Phone: _____

Email: _____

Shirt Size: __XS __S __M __L __XL __XXL (unisex) no t-shirt for Kid's Run

Medical conditions we should be aware of: _____

ENTRY FEES:	until - Jan 15	Jan 16 - Apr 15	April 16 - 29
HALF MARATHON	\$50	\$65	\$75
10K	\$30	\$40	\$50
KID'S FUN RUN	\$5	\$5	\$5

Entry Fee: \$_____

Mail entry form and payment to:

TOTAL HEALTH EVENTS, 2132 Westlake Ave N., #124, Seattle, WA, 98109

Fees include t-shirt, rental of timing chip, on course support and post-race food

WAIVER: IN CONSIDERATION of the acceptance of my application and the permission to participate as an entrant or competitor in the ST JUDE HEROES HALF MARATHON, 10K OR KID'S FUN RUN, I, for myself, my heirs, executors, administrators, successors and assigns, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE Total Health Events LLC, St Jude Children's Research Hospital, St Jude Heroes Team, all sponsors, contributors, contractors, employees and sanctioning bodies OF AND FROM ALL claims, demands, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWEVER CAUSED, arising or to arise by reason of my participation in the said event, whether as a spectator, participant, competitor or otherwise, whether prior to, during or subsequent to the event, AND OF ANY OF THE AFORESAID. I FURTHER HEREBY UNDERTAKE to HOLD AND SAVE HARMLESS and AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by all of them as a result of, or in any way connect with, my participation in the said event. BY SUBMITTING THIS ENTRY I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED TO THE ABOVE WAIVER, RELEASE AND INDEMNITY, I WARRANT that I am physically fit to participate in this event.

PRINT NAME: _____

SIGNATURE: _____

GUARDIAN SIGNATURE (if under 14): _____



Race Directors: Jonathan and Lynne Hoskins, Total Health Events LLC, (206) 499-1903 or info@totalhealthevents.com