

For official use only - Race # _____

CHECK ONE:

☐ 10K Run - \$20 (after March 20 - \$25)

☐ One Mile Walk/Run - Individual \$10 (after March 20 - \$15)

Family \$25 (3 or more) (after March 20 - \$35)

OFFICIAL ENTRY FORM
DOCTORS' DAY 10K

Saturday, March 24, 2012 - 8:00 A.M.

FUN RUN - 9:30 A.M.

Sokol Park

MAKE CHECKS PAYABLE TO:
Tuscaloosa County Medical Alliance
MAIL ENTRY FORM TO:
Amelia E. de los Reyes
P.O. Box 3031
Tuscaloosa, Alabama 35403

Name: _____ Sex: ☐ M ☐ F

Shirt Size: (circle one) S M L XL

Pre-Registration by March 20, 2012 guarantees a t-shirt

Address: _____ Apt# _____ Phone: _____ Email Address _____

City: _____ State: _____ Zip: _____ Age: _____ Birthday: _____ / _____ / _____

Online registration available at www.active.com

WAIVER AND RELEASE: I, individually, (and/or parent, and/or guardian of the named minor) for and in consideration of acceptance of this entry in the aforementioned event, do hereby release, remise, waive and forever discharge the Tuscaloosa County Medical Alliance, Tuscaloosa Track Club, Sokol Park, and any and all other supporting groups of this said racing event, together with all of their officers, agents, officials and employees from any and all liability, claims, demands, actions or cause of action whatsoever arising out of, or related to any injury, illness, loss, or damage including death, relating to participation in the aforesaid event. I further state I am in proper physical condition to participate in this event.

SIGNATURE _____ DATE _____

(MUST BE SIGNED BY PARENT OR GUARDIAN IF UNDER AGE 19)