

ENTRY FORM • JULY 4TH, 2009

Please fill out one application per person, this form may be copied

Before June 28: \$18 per person, \$15 per person for family of 4 or more • **After June 27 : \$20**

EVENTS (CHECK ONLY ONE): 5-Mile Race 2-Mile Youth Run (18 or younger) Fun Walk
Additional 5-Mile Divisions

Clydesdale (Men over 200 lbs) Athena (Women over 150 lbs) Wheelchair Pfizer Heart Division (Post bypass or stent)

BIRTH DATE: ____/____/____

SEX: M F AGE ON JULY 4TH: _____

T-SHIRT	Adult: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL
	Child: <input type="checkbox"/> S (6-8) <input type="checkbox"/> M (10-12) <input type="checkbox"/> L (14-16)

LAST NAME: _____ FIRST NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: ____ ZIP CODE: _____

PHONE: _____ E-MAIL ADDRESS: _____
 For results and updates

I wish to donate \$3 for Downtown Hanging Baskets. (Add \$3 to registration fee)

This is an important legal document, read it carefully before signing.

I know that running or walking in Mt. Shasta's July 4th Foot Event is a potentially hazardous activity. I should not enter and run unless I am 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 or walk. I assume all risks associated with running or walking in the Mt. Shasta July 4th Foot Event, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, traffic and the conditions of the road; all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my application, I, for myself and anyone entitled to act on my behalf, waive and release any and all sponsors including, but not limited to, RRCA, Mt. Shasta Runners, the city of Mt. Shasta, the Parks and Recreation District, and all sponsors, the representatives and successor from all claims or liabilities of any kind arising out of my participation in this event though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Signature _____

Signature of Parent/Guardian(if under 18) _____

For More Information:

www.mtshastarunners.com • 530-925-0251 • E-MAIL: mtshastarun@nctv.com

Register by credit card ON LINE AT www.active.com



Hand deliver applications to: 300 PINE ST., MOUNT SHASTA - DAILY UNTIL JUNE 28.

Mail check and application to: MOUNTAIN RUNNERS, PO BOX 915, MT SHASTA CA 96067

Race Starts at 8:30 am Sharp, July 4th at Mt Shasta Blvd and Castle St.



Mark Clure



Todd Guthrie, MD Orthopedic Surgeon
 Keith Ure, MD Orthopedic Surgeon

