

# DAS FRANK KUSH FOOT RACE

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

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

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

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

T-Shirt Size    S        M        L        XL        XXL    YL        YM        YS

## **DISTANCE**

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

5km Run/Walk \_\_\_\_\_

1 Mile Walk \_\_\_\_\_

## **COST**

10km Run & 5km Run/Walk

\$30 until 7:00 p.m. October 12th

\$35 Race day registration

1 Mile Run/Walk

\$20 until 7:00 p.m. October 12th

\$25 Race day registration

Please make checks payable to **Tempe Sister Cities** and remit to:

Four Peaks Racing

PO Box 74545

Phoenix AZ 85087

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, Frank Kush Foundation, Tempe Sister Cities Corporation, Tempe Oktoberfest, City of Tempe and their representatives for any and all claims and damages, demands actions whatsoever in any manner, as a result of my participation in Das Frank Kush Foot Race, 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 \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Guardian Signature (if participant is under 18) \_\_\_\_\_