

FRANK KUSH YOUTH FOUNDATION RUN 10/13/18

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 ____ 1MILE RUN/WALK

COST (There will not be a late fee)

GENERAL REGISTRATION \$30.00 \$30.00 \$20.00

TEMPE ELEMENTARY \$20.00 \$20.00 \$20.00
DISTRICT REGISTRATION

TEAM REBATE REGISTRATION \$20.00 \$20.00 \$20.00
25 OR MORE RUNNERS

TEAM REBATE REGISTRATION \$20.00 \$20.00 \$20.00
50+ RUNNERS

TEMPE ELEMENTARY REGISTRATION INFO: SCHOOL _____

TEAM REBATE REGISTRATION INFO: SCHOOL/CLUB/ORGANIZATION _____

Please make checks payable to **Tempe Sister Cities** and remit with this form 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 Youth Foundation, Temps Sister Cities Corporation, Four Peaks Oktoberfest, City of Tempe and their representatives for any and all claims and damages, demand actions whatsoever in any manner, as a result of my participation in the Frank Kush Youth Foundation Run, 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 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) _____

Information/Questions: larry@fourpeaksoktoberfest.com