

# 2015 TMC Meet Me Downtown 5k Night Run/Walk Entry Form

Print this form, fill it out, and mail it with a check payable to the Southern Arizona Roadrunners to this address by **May 15, 2015**:  
**Southern Arizona Roadrunners | TMC Meet Me Downtown**  
**PO Box 64215 | Tucson, AZ 85728-4215**



Please circle one: 5k Run/Walk    Team 5k    FITKIDZ ONE MILE    PAID ONE MILE

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

E-mail \_\_\_\_\_ Phone: \_\_\_\_\_

Sex \_\_\_\_\_ Age on 5/30/15 \_\_\_\_\_ SAR Member: (please circle):    YES                      NO

<p><b>5k INDIVIDUAL PRICING</b></p> <p>\$15 _____ All by 3/1/15</p> <p>\$25 _____ All by 5/15/15</p> <p>\$30 _____ All after 5/15/15 and on event weekend</p>	<p><b>ONE MILE PRICING</b></p> <p>___ \$0 - FITKIDZ CHILDREN'S ONE MILE, timed and free for all children under 12 -- parents and others can run with kids, with no shirt</p> <p>___ \$20 - for all others, includes official timing and giveaway shirt</p>
<p><b>5k TEAM PRICING – team registration ends May 22nd</b></p> <p><b>\$20 per person, 5 people per team, each person must submit a signed waiver, please mail together and include team name on all forms.</b></p> <p><b>\$30 after May 15th</b></p> <p><b>TEAM NAME</b> _____</p>	<p>\$ _____ TOTAL FEES PAID</p>

***Beneficiaries include Children's Museum, Tucson; Cox Charities; Greater Tucson Leadership; Educational Enrichment Foundation; Living Streets Alliance***

Please read and sign the following waiver:

In consideration of the acceptance of this entry, I hereby, for myself and my heirs, executors and administrators, recognize that the event takes place in high heat with all attendant risks, and waive any and all rights, claims and damages I may have against the sponsors, coordinating groups, Run Tucson LLC, the RRCA, the Southern Arizona Roadrunners, the City of Tucson, Pima County, and any individuals associated with said event. Also, none of the above is responsible for the loss of personal items nor any other form of aggravation in connection with said event. I understand that this race takes place at night and in the high heat, with all attendant risks. I have been warned I must be in good health to participate in the event. I also give permission for the free use of my name and picture in any broadcast, telecast, digital or print media account of this event. In filling out this form, I acknowledge I have read and fully understand my own liability and do accept the restrictions.

X \_\_\_\_\_  
 Entrant's Signature    Date  
 (Parent or Guardian's Signature if under 18)