

BE TUCSON Mail-In Entry

Print this form, fill it out, and mail it with a check payable to
RUN TUCSON to this address by **February 10, 2017**
Run Tucson - BE TUCSON
2416 East Fourth Street
Tucson, AZ 85719

Last Name _____ First Name _____

Mailing Address _____

City _____ State _____ Zip _____

E-mail _____ Phone: _____

SAR Member: (please circle): YES NO Telephone _____ Sex ____ Age on 2/19/2017 _____

EVENTS: PLEASE CIRCLE WHICH DISTANCE YOU WILL RACE: WOMEN's 5k Run/Walk Men's Mile
PRICING*

Women's Individual 5k Run or Walk
\$25 through February 1, 2017 _____
\$30 After February 1 through race weekend _____

Women's 5k Team Pricing
\$20 apiece for each member of a team, through February 1, 2017 _____
\$25 from February 2-February 15 _____

PLEASE WRITE TEAM NAME: _____

Men's Mile
\$10 through race morning _____

*** SAR members take 10% off individual entry by February 1**

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, waive any and all rights, claims and damages I may have against the sponsors, coordinating groups, the Southern Arizona Roadrunners, the Road Runners Club of America, Run Tucson LLC, The City of Tucson, Tucson Medical Center, Meet Me Concepts LLC, and any individuals and organizations 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 have been warned I must be in good health to participate in the event and I understand that running and walking events are inherently injurious activities for which I take responsibility for my own good health. I understand that these events may take place in high heat or cold weather on urban streets and a medical complex, with speedbumps and other urban impediments, and I agree to participate with all attendant risks. 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)