



# ARBOR DAY 5K

Friday, April 30, 2010

## PERSONAL INFORMATION

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

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

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

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

T-Shirt Size    Adult S       M       L       XL    Youth S       Youth M       Youth L

## EVENT

5km Run \_\_\_\_\_

5km Walk \_\_\_\_\_

## COST

\$20 Prior to midnight April 29

\$25 Day of registration

Please make checks payable to **City of Tempe** and remit to:  
Tempe Parks & Recreation  
Attn: Arbor Day 5K  
3500 S. Rural Rd.  
Tempe, AZ 85282

How did you hear about Arbor Day 5K?

\_\_\_\_\_

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 and their representatives for any and all claims and damages, demands actions whatsoever in any manner, as a result of my participation in the Arbor Day 5k or 1 mile fun 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 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 \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE (Guardian to sign if under 18) \_\_\_\_\_