Registration Form

Friday, April 25, 2014
Kiwanis Park

PERSONAL INFORMATION

Last Name_____ First Name_____

Address_____ City_____ State_____ Zip_____

Email Address_____ Phone Number_____

Gender_____ Age_____ Date of Birth_____/_____/_____

T-SHIRT (Circle one)

Youth S Youth M Youth L Adult S Adult M Adult L Adult XL Adult XXL

EVENT FEE

_____ $20 By midnight on Thursday, April 24 _____ $25 Day of registration

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

How did you hear about 5th Annual Arbor Day 5K?

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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, 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)_____