

Bricks to Bricks 10 Miler -- Sunday, April 18, 2010

sponsored by  St. Francis

Assigned Bib Number

Note: Pre-registration closes at Friday noon, April 9, 2010

PLEASE PRINT

First Name _____ Last Name _____ Age _____ Male _____ Female _____

Street Address _____ City _____ State _____ Zip _____

Email address (for updates, notices, results, etc.) _____

S M L XL XXL
\$10 Short Sleeved Technical Shirt

Day Phone Number _____ Evening Phone Number _____

Pre-registration Entry Fee (please check the amount paying)

10-MILER IS FREE TO BRICKS to BRICKS PROGRAM ENTRANTS

My training group is Downtown Indy _____ Run _____ Walk _____
South (Greenwood) _____ Run _____ Walk _____

FEE FOR NON-BRICKS TO BRICKS MEMBERS. . .

Entry fee \$15 _____

PURCHASE OF SHIRT – FOR ALL

Short sleeve tech shirt..... \$10 _____

DAY OF EVENT:

Entry Fee..... \$20 _____

Purchase a short sleeve tech shirt ... \$12 _____

TOTAL AMOUNT PAYING..... \$ _____

If paying by
Credit Card

\$15.90 _____

\$10.60 _____

\$21.20 _____

\$12.72 _____

\$ _____

If paying by credit card, we accept VISA and MC

NOTE: There is a 6% charge added to payment by credit card

TOTAL AMOUNT PAYING \$ _____

Credit card number _____ Exp date _____

Name on Card _____

Mail to:

Ken Long & Associates

994 N Combs Road

Greenwood, IN 46143

Tel: 317.887.4001 email: klong@kenlongassoc.com

"Yes, I Did It!" Victory Tent on May 8. If you are not in Bricks to Bricks, but would like to join us in our rest & recovery tent, you may buy an admittance ticket for \$15. _____ tickets x \$15 = \$ _____

SORRY, NO REFUNDS.

We accept payment by check, money order or credit card. If paying by check, please make payable to: KEN LONG & ASSOC. (or KLA)

You may register online at www.kenlongassoc.com

Release and Waiver Statement (must be signed)

I have read the accompanying event information and understand the policies of the event. I know that running and walking a road race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run or walk. I also know that while police protection will be provided, there may be traffic on the course. I assume all risks associated with my voluntary participation in this event, including but not limited to, falls, contact with other participants, the effects of the weather, including extreme temperatures, traffic and all conditions of the road, all such risks being known and appreciated by me. Knowing these facts, and in consideration of your accepting my entry, I for myself, my heirs, WAIVE, RELEASE AND DISCHARGE St. Francis Hospitals, ProFit, Inc. (dba Ken Long & Associates), and the City of Indianapolis, race officials, workers or volunteers and their executors, administrators or anyone else who might claim on my behalf, covenant not to sue their representatives, successors or assigns for ANY AND ALL claims or liability, whether foreseen or unforeseen, for death, personal injury or property damage arising out of, or in the course of my participation in this event. I further grant full permission to the above mentioned sponsor(s), organizers, and/or agents authorized by them, to use any photographs, videotapes, motion pictures, recordings or other record of the event for any reasonable purpose.

Signature of Participant, parent or guardian _____

Date _____