

KLA's 2012 Bricks to Bricks Training Program

sponsored by  **Franciscan**
ST. FRANCIS HEALTH

Official Use Only

PLEASE PRINT

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

Street Address _____ City _____ State _____ Zip _____

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

Day Phone Number _____

Evening Phone Number _____

ENTRY FEES:	AMOUNT PAYING
\$60 until 1/20/11 (<i>pre-registered</i>)	\$60 _____
\$80 at the door	\$80 _____
If you participated in the 2011 Bricks to Bricks or the 2011 Marathon / Half Marathon Training Programs you qualify for a \$10 discount.	
Yes, I qualify for the \$10 discount (<i>DISCOUNT EXPIRES 1/20/12</i>)	
TOTAL AMOUNT PAYING	\$ _____
<i>If paying by credit card 6% will be added.</i>	

PAYMENT METHOD: Check _____ Credit Card _____

If paying by credit card, we accept VISA and MC

_____ Exp date _____

Credit card number _____

Name on Card _____

Your Current Weekly Mileage

_____ 0-15 miles per week

_____ 15-25 miles per week

_____ 25-40 miles per week

_____ 40+ miles per week

Please Indicate Training Site

Downtown (Tues) Run/Walk _____

Downtown (Tues) Walkers only _____

Greenwood (Wed) Run/Walk _____

I plan to train as a runner / walker
(circle one)

Mail to:

Ken Long & Associates
994 N Combs Road
Greenwood, IN 46143

Tel: 317.884.4001 email: klong@kenlongassoc.com

SORRY, NO REFUNDS.

You may register online at www.kenlongassoc.com

Release and Waiver Statement (must be signed)

I have read the accompanying program information and understand the policies set forth. I know that training for 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 an official relative to my ability to safely complete the program. I assume all risks associated with my voluntary participation in this training program. 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, Roberts Park UMC, City of Greenwood, Greenwood UMC, coaches and 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 training program. 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 _____