



Bib Number

PRE-REGISTRATION

Until noon, August 9th

The Heartland Walk is free – Gate admission is \$7

PLEASE PRINT CLEARLY

First Name _____

Last Name _____

Street Address _____

City _____

State _____

Zip Code _____

M ___ **F** ___ **Age on 8/13** ___ **T-shirt:** **S** **M** **LG** **XL** **XX**

_____ I **DO NOT** need admission tickets, but I want to register for the walk.

I need _____ admission tickets @ \$7ea

TOTAL AMOUNT PAYING.....\$ _____

~ Method of Payment ~

Check Credit Card
(circle one)

If paying by credit card, the processing fee of 6% is added (e.g. – 1 ticket x \$7 = \$7.42

We accept only **VISA & Master Card.**

X

Email address (for updates, notices and confirmations)

Would you like to receive emails containing nutrition and physical activity tips from INShape Indiana? Yes _____

Day Phone# _____

Evening Phone# _____

SORRY, NO REFUNDS

RELEASE & WAIVER STATEMENT (must be signed)

I have read the accompanying event information and understand the policies of the event. I know that walking in an event 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 walk. I also know that while 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 Indiana State Fair, all sponsors, 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. 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.

_____ Credit Card Number

_____ Expiration Date

_____ Name on Credit Card



_____ Signature of Entrant or Parent/Guardian if entrant is age 18 or younger

_____ Date



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

CONTACT
www.kenlongassoc.com
email: klong@kenlongassoc.com
Tel: 317.884.4001

IF PAYING BY CHECK,
MAKE PAYABLE TO
Ken Long & Assoc. (or KLA)