

**KLA's RES / REV (Resolution Revolution)**  
**Sunday, January 1, 2012**

Sponsored by



Bib Number

**PLEASE PRINT CLEARLY**

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

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City State Zip Code

**Email address** (for updates, notices, confirmations )  
 \_\_\_\_\_

\_\_\_\_\_  
 Day Phone# Evening Phone#

**SORRY, NO REFUNDS**

**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, Indiana War Memorial, 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.

\_\_\_\_\_  
 Signature of Entrant or Parent/Guardian Date



Date of Birth \_\_\_\_\_ Age on 1/1/12 \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Yes, I want to order a long sleeved shirt, my size is (please circle your size)

**S M LG XL XX**

**PRE-REGISTRATION ENTRY FEE** (BECAUSE OF THE HOLIDAYS -- If ordering a shirt, must receive entry by noon Monday, Dec 19th). If not ordering a shirt the deadline is Noon, Wednesday, Dec 28<sup>th</sup>.

	Check/Cash	Credit Card
Res/Rev Entry .....	\$12 _____	\$12.72 _____
Long Sleeved Shirt .	\$10 _____	\$10.60 _____
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Sub total .....	\$22 _____	\$23.32 _____

**TOTAL AMOUNT PAYING** ..... \$ \_\_\_\_\_

Method of Payment: Check Cash Credit Card  
 (circle one)

If paying by credit card, the bank processing fee is added (see above). We accept only VISA & Master Card.

\_\_\_\_\_  
 Credit Card Number (16 digits)

\_\_\_\_\_  
 Expiration Date

\_\_\_\_\_  
 Name on Credit Card

**Race day entry fee:**

	Check/Cash	Credit Card
Res/Rev Entry .....	\$18 _____	\$19.08 _____
T-Shirt .....	\$12. _____	\$12.72 _____

*T-shirts available on a first-come, first-served basis on race day.*

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

**MAKE CHECKS PAYABLE TO:**  
 Ken Long & Assoc. (or KLA)

**CONTACT:**  
 Ken Long & Associates  
 www.kenlongassoc.com  
 Email: klong@kenlongassoc.com  
 Tel: 317.884.4001