NEW ALBANY
WALKING CLASSIC
2010

Please Print Clearly

Last Name _____ First Name _____ M.I. _____ ❒ Male ❒ Female

Street Address _____

City _____ State _____ Zip _____

Home Phone (include area code) _____ Email Address _____

Date of Birth _____ Age on Race Day _____

Name of Emergency Contact _____ Emergency Contact Phone (include area code) _____

Check jacket size (unisex sizing) ❒ XS ❒ S ❒ M ❒ L ❒ XL ❒ XXL

Entry fee: $35 if postmarked by April 30, 2010. $45 beginning May 1, 2010.
Entry limited to the first 3,500 who register.
Checks payable to: New Albany Walking Club

Mail completed form to: New Albany Walking Club | P.O. Box 194 | New Albany, Ohio 43054

Waiver:

The undersigned ("Athlete") on behalf of himself/herself and on behalf of Athlete's personal representatives, assigns, heirs, executors, hereby fully and forever release, waives, discharges and covenants not to sue the *New Albany Walking Club*, the USATF, Run Wild Racing and all municipal agencies whose property and/or personnel are used, and all other sponsoring companies, organizations or individuals related to the *New Albany Walking Classic* (collectively "Releases") from all liability to the Athlete and his/her personal representatives, assigns, heirs and executors, for all loss(es) or damage(s) and any and all claims and demands therefore, on account of injury to the Athlete or property or resulting in the death of an Athlete, whether caused by active or passive negligence of all or any of the Releases or otherwise in connection with the Athlete's participation in the *New Albany Walking Classic*. The Athlete represents and warrants that he/she is in good physical condition and is able to safely participate in the *New Albany Walking Classic*. The Athlete is fully aware of the risks and hazards inherent in participating in the *New Albany Walking Classic* and hereby elects to voluntarily compete in the *New Albany Walking Classic* knowing the risks associated with the *New Albany Walking Classic*. The Athlete hereby assumes all risk of loss(es), damages, or injury(s) that may be sustained by him/her while participating in the *New Albany Walking Classic*. The Athlete agrees to the use of his/her name and photographs in broadcasts, newspapers, brochures, and other media WITHOUT Athlete permission or compensation. The Athlete acknowledges that the entry fee is non-refundable and non-transferable. The Athlete hereby consents to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during the event. The Athlete has read and accepts all conditions and information stated in the event promotions and/or website.

Athlete's Signature _____ Date _____

Guardian's Signature (if Athlete is under the age of 18) _____ Date _____