37th Annual Azalea Trail Run - March 22, 2014

Please print to fill this form out completely and clearly.

AZALEA TRAIL RUN 2014 OFFICIAL ENTRY FORM

Last Name:						
First Name:						Middle Initial:
Ago on 2/22/2014	Famala Mala		ata of Divida		ZID Code	
Age on 3/22/2014	Female Male		ate of Birth		ZIP Code	
		MM	DDYY			
Address:						
City:					State	
Phone:	-		E-mail:			
Event Check One Only						
10K	5K	2K Fun	Run			
Category Check One Onl	ly					
Runner/Walker	Race v	valker	Wheelchair (10	OK) Prosti	hesis	
T-Shirt Size						
Youth Large	Small	Medium	Large	X-Larg	e XX-L	arge
This is my	Azalea Trail Run.	(Include the 2014	4 ATR in your coun	t)		
DRUG STATEMENT: Athletes of Athletes found positive for banned COUNTER MEDICATIONS M. 233-0393. RELEASE FORM: I know that reproperly trained, and by my signate official relative to any aspect of massociated with running in this ever conditions of the road, all such risk allowed in the IOK and 5K races, at Having read this waiver and knowing read this waiver and knowing read the march 22, 2014, and servants, representatives, licensees, of though that liability may arise out telecast or other account of this even	substances, or who reft AY CONTAIN BANN unning a road race is a ure, I certify that I am r y participation in this e at, including but not lim is being known and apprend I will abide by this gu ing these facts and in cor IP), its sponsors, agents, id allowing me to partici contractors, successors, a of negligence or careless	ise to be tested, will be ED SUBSTANCES. I potentially hazardous a nedically able to perfore the total potentially able to perfore the total potential potential to falls, contact we sciated by me. I understand the total potential potent	e disqualified from this even formation regarding drug activity that could cause in this event, am in good he of any official to deny ith other participants, the tand that bicycles, skatebo nat if I do not abide by the pting my entry, I, for mys, licensees, contractors, sue walk in said race, I hereb nd all claims or liabilities	rent, and will lose eligils and drug testing may apury or death. I shou health, and am proper or suspend my partice effects of the weather, ards, baby joggers, rolle ese guidelines, race offices and anyone entitled accessors, and assigns or y waive, release and dis of any kind arising or	bility for future compe- be obtained by calling ld not enter and run u- ly trained. I agree to a ipation for any reason including high heat an reskates or blades, anin- tials have the authority I to act on my behalf, v ganizing and conductir charge forever said PCI tt of my participation	titions. SOME OVER-THE- the USOC Hotline at 1-800- inless I am medically able and bide by any decision of a race whatsoever. I assume all risks d/or humidity, traffic and the hals, and radio headsets are not to disqualify me from the race. waive and release the Port City ng the Azalea Trail Run (Road P and its said sponsors, agents, in the Azalea Trail Run, even
Signature					Date	
Parent(Guardian)	signature of parent/g	guardian is also req	uired.		Date	· · · · · · · · · · · · · · · · · · ·
ATR Registration (Adult)		Postmarked by 12/31/2013	Postmarked by 3/10/2014	Received by 3/19/2014	3/21/2014	3/22/2014
• , ,	10K or 5K 2K Fun Run	\$20 □ \$12 □	\$22 □ \$15 □	\$25 □ \$18 □	\$25 □ \$20 □	\$30 □ \$20 □
ATR Youth Registration (15	and Younger) 10K or 5K 2K Fun Run	\$10 □ \$8 □	\$15 □ \$10 □	\$20 □ \$12 □	\$20 □ \$12 □	\$20 □ \$15 □
ATR Rewards Program for who registers for one of the ATR events. In order for yo organization in the space belo	ATR events. The A our school or youth	TR gives back \$2 organization to rec	for each student, tea eive credit for your p	cher, or staff memb	per who registers a	and completes one of the