



# 40<sup>th</sup> Annual Azalea Trail Run - March 25, 2017

Please print and fill out this form completely. One form per person please

Online registration at [https://events.com/r/en\\_US/registration/40th-annual-azalea-trail-run---10k-5k-and-2k-mobile-march-13774](https://events.com/r/en_US/registration/40th-annual-azalea-trail-run---10k-5k-and-2k-mobile-march-13774)

## AZALEA TRAIL RUN 2017 OFFICIAL ENTRY FORM

Last Name: [Grid]

First Name: [Grid] Middle Initial: [Grid]

Age on 3/25/2017: [Grid] Female: [Grid] Male: [Grid] Date of Birth: [M][M][D][D][Y][Y] ZIP Code: [Grid]-[Grid]

Address: [Grid]

City: [Grid] State: [Grid]

Phone: [Grid]-[Grid]-[Grid] E-mail: [Grid]

Event Check One Only: [Grid] 10K [Grid] 5K [Grid] 2K Fun Run

Category Check One Only: [Grid] Runner/Walker [Grid] Race walker [Grid] Wheelchair (10K) [Grid] Prosthesis

T-Shirt Size: [Grid] Youth Large [Grid] Small [Grid] Medium [Grid] Large [Grid] X-Large [Grid] XX-Large

This is my \_\_\_\_\_ Azalea Trail Run. (Include the 2017 ATR in your count)

What is your favorite charity (must be a registered charity)? \_\_\_\_\_

**ATR Rewards Program for K-12 Schools and Youth Organizations** - The ATR rewards schools (K-12) and youth organizations for students, teachers, staff, kin, fans, or supporters who register and complete one of the ATR events - \$1 per registrant; \$2 per finisher. In order for the school or youth organization to receive credit for your participation, you must fill in the name of the school or youth organization in the space below and submit your application and fees by March 11, 2017. Five registrant minimum for consideration in the ATR Rewards Program.

[Empty box for ATR Rewards Program details]

**DRUG STATEMENT:** Athletes who participate in this competition may be subject to formal drug testing in accordance with USA Track & Field regulation 10 and IAAF Rule 55. Athletes found positive for banned substances, or who refuse to be tested, will be disqualified from this event, and will lose eligibility for future competitions. SOME OVER-THE-COUNTER MEDICATIONS MAY CONTAIN BANNED SUBSTANCES. Information regarding drugs and drug testing may be obtained by calling the USOC Hotline at 1-800-233-0393.

**RELEASE FORM:** I know that running a road race is a potentially hazardous activity that could cause injury or death. I should not enter and run unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, am in good health, and am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with running in this event, including but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or blades, animals, and radio headsets are not allowed in the 10K and 5K races, and I will abide by this guideline. I understand that if I do not abide by these guidelines, race officials have the authority to disqualify me from the race. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Port City Pacers Road Runners Club, Inc (PCP), its sponsors, agents, servants, representatives, licensees, contractors, successors, and assigns organizing and conducting the Azalea Trail Run (Road Race), held on March 25, 2017, and allowing me to participate and run/walk/racewalk in said race, I hereby waive, release and discharge forever said PCP and its said sponsors, agents, servants, representatives, licensees, contractors, successors, and assigns from any and all claims or liabilities of any kind arising out of my participation in the Azalea Trail Run, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I give permission for the use of name and/or picture in any broadcast, telecast or other account of this event.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent(Guardian) \_\_\_\_\_ Date \_\_\_\_\_

If participant is under 18, the signature of parent/guardian is also required.

	Received by 4/16/2016	Received by 12/31/2016	Received by 3/11/2017	Received by 3/22/2017	Late Registration 3/24/2017
<b>ATR Adult Registration (16 and over)</b>					
10K or 5K	\$15 <input type="checkbox"/>	\$20 <input type="checkbox"/>	\$25 <input type="checkbox"/>	\$25 <input type="checkbox"/>	\$30 <input type="checkbox"/>
2K Fun Run	\$10 <input type="checkbox"/>	\$15 <input type="checkbox"/>	\$15 <input type="checkbox"/>	\$20 <input type="checkbox"/>	\$20 <input type="checkbox"/>
<b>ATR Youth Registration (15 and Younger)</b>					
10K or 5K	\$10 <input type="checkbox"/>	\$10 <input type="checkbox"/>	\$10 <input type="checkbox"/>	\$15 <input type="checkbox"/>	\$20 <input type="checkbox"/>
2K Fun Run	\$8 <input type="checkbox"/>	\$8 <input type="checkbox"/>	\$8 <input type="checkbox"/>	\$10 <input type="checkbox"/>	\$15 <input type="checkbox"/>

Make checks payable to: AZALEA TRAIL RUN  
Mail this form and fees to: AZALEA TRAIL RUN, P.O. Box 6427, Mobile, AL 36660