

Mail- in Registration Form
Zombie Run 5k run/walk
Traverse City, Michigan
Saturday, Oct 29, 2011 at 9am

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Date of Birth: ____/____/____ Age on race day: _____

Male: _____ Female: _____

Event: 5K _____ Walk _____

Infected _____ Survivor _____

T-shirt: S ___ M ___ L ___ XL ___ XXL ___

Fees: Runners - \$25

Walkers - \$25

Kids 12 and under - \$15

Proceeds to benefit TART trails

Waiver must be read and signed before mailing:

I know that a 5K run/walk is a potentially hazardous activity. I should not enter or run in this event 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. I assume all risks associated with running in the race including, but not limited to, falls, contact with other participants, the effects of weather, including high heat, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release the event, Zombie Run race coordinators their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in the waiver.

All fees are nonrefundable.

Signature: _____ Date: _____

Parent's Signature (if under 18): _____ Date: _____

Make your check payable to "TART trails Zombie Run"

Mail this form no later than Oct 20th to:

TART Trails, Inc.

PO Box 252

Traverse City, MI 49685