



10k Race

“Freedom Run” Flagstaff Registration Form

July 24, 2010 9am

FOR OFFICIAL USE ONLY

BIB # _____

Last Name: _____ First Name: _____

Gender: _____ Birth Date ____/____/____ (or Age: _____)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

T-Shirt Size: S _____ M _____ L _____ XL _____

In Consideration of your acceptance of this entry, I hereby, for myself, my heirs, my executors, and administrators waive any and all rights, claims for damages and forever discharge the city of Flagstaff, an Arizona municipal corporation, its elected and appointed officials, directors, officers, boards, commissions, agents, representatives, servants, and employees and all other persons, firms or corporations who are or might be liable from any and all claims of any kind or character which I have or may have against them, due to my participation or my child's participation in this event. This waiver includes all damages, losses, costs, injuries that allegedly occur during the course of this event in the regard I covenant to indemnify, defend, and hold harmless to the fullest extent, permitted by law the forgoing persons and entries from any loss or damages, including: reasonable attorney fees and litigation expenses which may be incurred by them in the event, any such claims asserted against them or any of them. I understand that medical claims are my responsibility. This waiver does not extend to any such claim or any liability that is caused by the sole and exclusive intentional acts or gross negligence of the city of Flagstaff or its officers, employees, or agents. I have been warned I must be in good health to participate in this event.

In completing this form I acknowledge that I have read and fully understand my own liability and accept the restrictions.

Signature (parent or guardian must sign if persons is under 18ys) _____

Date _____

Pre-Registration Fee \$35.00 Race Day Registration \$45.00

Credit Card Info

Name on Card: _____

Visa ___ MC ___ Am Exp ___ Number: _____

Exp Date: _____ 3 Digit Security Code (back of card) _____

Signature _____ Date _____

Our Mission:

**New Horizon is providing opportunities for hurting young men to
Live lives free of drugs and alcohol,
Experience success in the workplace, school, etc. &
To find purpose for their future.**