

CHANCES
FOR CHILDREN

Treat yourself to the best pre-race experience on the planet!



\$50 ENTRY FEE

- Indoor comfort, out of the cold
- Private port-o-potties
- Parking at finish
- Private buses
- Pre-race nutrition
- Dedicated gear drop
- Coffee
- Complimentary gloves

LAST NAME: _____ FIRST NAME: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Contact information, for day of event: _____

Emergency contact: _____ Emergency phone: _____

Are you running the full or 1/2 marathon? Full Marathon 1/2 Marathon

Will you be riding the bus from the finish line to **The Zone**? yes no

VISA MASTER CARD

Pay By Check (post by 1/5/2011):
Make checks payable to Red Rock Company
and mail registration form and check to:
9399 S. Priest Dr., Tempe, AZ 85284

----- Expiration Date: ____ / ____ CCV #: _____

WAIVER PARTICIPANTS DISCLAIMER

ACKNOWLEDGEMENT, WAIVER AND RELEASE COMPETITORS WARNING: THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR RIGHTS. PLEASE READ THE ENTIRE DOCUMENT CAREFULLY. ALL COMPETITORS MUST SIGN THIS FORM.

The undersigned athlete ("Athlete") on behalf of himself/herself and on behalf of Athlete's personal representatives, assigns, heirs, executors, and successors hereby fully and forever releases, waives, discharges and covenants not to sue Competitor Group, Inc., Red Rock Company, and its affiliated companies and charities, the host city(ies), county and state, USATF, any and all municipal agencies whose property and/or personnel are used or in any way assist, all sponsoring or co-sponsoring companies or individuals related to the Event, together with their officers, directors, shareholders, successors and assigns, (collectively "Releasees") from all liability to the Athlete and his/her personal representatives, assigns, heirs, executors, and successors for any and all loss(es), damage(s) and any and all claims or demands therefore, on account of injury to Athlete, his/her property or resultant death, whether caused by the active or passive negligence of all or any of the Releasees or otherwise, in connection with Athlete's participation in the Event. Athlete represents and warrants that he/she is in good physical condition and is able to safely participate in the Event. Athlete is fully aware of the risks and hazards inherent in participating in the Event and hereby elects to voluntarily participate, knowing the risks associated with the Event. Athlete hereby grants to Lewis G. Maharam, M.D., FACSM and any other medical director of the Event, and his/her agents, affiliates and designees, access to all medical records (and physicians) as needed and authorizes medical treatment as needed. Athlete understands that they have the right to refuse medical care and advice of Event medical directors and representatives; if Athlete's medical condition becomes such that the Athlete's mental capacity is questioned, the physician has the right to recommend and initiate treatment of Athlete. It is understood and agreed that Athlete hereby assumes liability for any and all medical expenses incurred as a result of training for and/or participation in the Event, including but not limited to ambulance transport, hospital stays, physician and pharmaceutical goods and services. Athlete warrants that all statements made herein are true and correct and understands that Releasees have relied on them in allowing Athlete to participate in the Event. **ATHLETE HAS READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT. IF ATHLETE IS UNDER AGE 18 HIS/HER PARENT OR GUARDIAN MUST SIGN THIS RELEASE AND WAIVER AGREEMENT.** Athlete's Parent or Guardian's signature above certifies that my son/daughter/ward has my permission to participate in the Event. Athlete's Parent/Guardian has read and understands the foregoing **RELEASE AND WAIVER OF LIABILITY AGREEMENT** (above) and by signing intentionally and voluntarily agrees to its terms and conditions. Athlete's Parent/Guardian further certifies that my son/daughter/ward is in good physical condition and is able to safely participate in the Event. I hereby authorize medical treatment for him/her and grant access to my child's medical records as necessary and as stated above.

Signature _____ Printed Name _____ Date _____

Parent/Guardian Signature (UNDER 18) _____ Printed Name _____