

BMO Sunshine Coast April Fool's Run

presented by Coast Cable



Half-Marathon Clinic Registration & Race Entry 2012

Please print clearly.

First Name _____ Last Name _____

Sex: Male Female Age on Apr. 1/12 _____ Birthdate (mm/dd/yy) _____

E-mail _____

Phone (day) _____ Phone (eve) _____

Mailing Address _____

City _____ Postal Code _____

Medical conditions / Medications _____

Most recent 1/2 Marathon time: _____ or 10k: _____ or 5k: _____

Current running status / injuries: _____

Clinic Bundle \$80 includes race entry + LS 'Fool In Training' tech shirt by new balance

In Training tech shirt: Black White >> Women's Men's >> XS S M L XL XXL

Age 60+ or 19&U deduct \$2

BC Athletics Membership # _____ **BC Athletics competitive members deduct \$3.**

Clinic only, no race or training shirt: \$40 (no age or BCA discount)

Clinic only, no race, with training shirt: \$60 (no age or BCA discount)

Drop-in: \$5 per session

Souvenir Race Tech shirt add \$30: Women's Men's >> XS S M L XL XXL

TOTAL ENCLOSED: \$ _____

Cheque payable to: April Fool's Run

Waiver (must be signed)

In consideration of you permitting me to participate in this clinic and event, I hereby, for myself, executors, administrators and personal representatives, release the organizers of this clinic and event, their agents, B.C. Athletics, volunteers and the clinic and event sponsors from all liability, and I waive, as against the organizers, agents, B.C. Athletics, volunteers and clinic and event sponsors, all claims of any kind whatsoever I may have for personal injuries or property losses suffered by participation in this clinic and event. I certify that I have full knowledge of the risks involved in this clinic and event and I am physically fit and able to participate, and that unless indicated to the contrary by the signature of parent/guardian below, I am 19 years or older.

Signature

Date