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Web Site Application for the Indiana Fall Classic 10K

November 14, 2009



PRE-REGISTRATION PRICING by 11/06/09

PLEASE CHECK ONE OF THE BOXES BELOW

ENTRY FEES (*)				RACE DAY(*)
DISTANCE	EVENT	SHIRT	ENTRY FEE	ENTRY FEE
<input type="checkbox"/>	10K	Run	Yes \$18.00	add \$4.00
<input type="checkbox"/>	10K	Run	No \$14.00	add \$4.00
<input type="checkbox"/>	1 Mile	Walk	Yes \$12.00	add \$4.00
<input type="checkbox"/>	1 Mile	Walk	No \$8.00	add \$4.00
<input type="checkbox"/>	1 Mile	Run	Yes \$12.00	add \$4.00
<input type="checkbox"/>	1 Mile	Run	No \$8.00	add \$4.00

(*) Club Members subtract \$2 from the above fees

CLUB MEMBERS 18 YEARS OLD AND UNDER – PREREGISTRATION ONLY

DISTANCE	EVENT	SHIRT	ENTRY FEE
<input type="checkbox"/>	10K	Run	Yes \$8.00
<input type="checkbox"/>	10K	Run	No \$6.00
<input type="checkbox"/>	1 Mile	Walk	Yes \$8.00
<input type="checkbox"/>	1 Mile	Walk	No \$6.00
<input type="checkbox"/>	1 Mile	Run	Yes \$8.00
<input type="checkbox"/>	1 Mile	Run	No \$6.00

No additional discounts for the above pricing.

Make Check Payable to: Wabash Valley Road Runners

Send to: IN Fall Classic 10K, 680 Delaware Ave., Terre Haute, IN 47804

Last Name _____ First Name _____ M.I. ____

Address _____

City _____ State _____ Zip Code _____

M ___ F ___ Age as of race day _____ Date of Birth ___/___/___ Phone Number (_____) _____ - _____

e-mail address _____@_____

T-Shirt Size: **ADULT** S ___ M ___ L ___ XL ___ XXL___ (Please check only one) Amount enclosed \$_____

** Please read and sign below before submitting entry **

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 risk 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 race and I will abide by this guideline. Having read this waiver and knowing these facts, and in consideration of your acceptance of my entry, I for myself and anyone entitled to act on my behalf, waive and release the Wabash Valley Road Runners Club, Inc., its officers and agents, all sponsors, their representatives and successors including the Road Runners Club of America, its officers, directors, agents and employees, 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 this waiver. NO REFUNDS. T-SHIRTS OR AWARDS WILL NOT BE MAILED. **In addition I agree to pay a \$10 replacement fee if I do not return the timing chip assigned to me.**

Signature _____ Date _____

Parent or legal guardian signature if under 18 yrs. _____ Date _____