

# TMC Get Moving Tucson Half-Marathon, 5k Walk/Run, and Cox Charities One Mile

Print this form, fill it out, and mail it with a check payable to the  
"Southern Arizona Roadrunners" to this address by October 10, 2012

*Southern Arizona Roadrunners c/o GMT  
PO Box 64215 | Tucson, AZ 85728-4215*

Please circle one:      Half-Marathon              5k Run/Walk              One Mile Walk/Run

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Daytime phone \_\_\_\_\_

Age on 10/9/11 \_\_\_\_\_ Sex \_\_\_\_\_ SAR Member: Yes \_\_\_\_\_ No \_\_\_\_\_

Circle Requested T-Shirt Size: Women's    Men's    SM    MED    LG    XL

Half-Marathon	5k run/walk	Cox Charities One Mile
_____ \$45 By April 30	_____ \$15 By April 30	_____ \$15 By July 30
_____ \$55 By July 30	_____ \$20 By July 30	_____ \$20 Through race day
_____ \$65 By September 30	_____ \$25 Through race day	
_____ \$75 Through race day		
_____ \$25 Souvenir Get Moving Tucson t-shirt, colorful long-sleeve technical shirt		
Circle Souvenir Size: Women's    Men's    SM    MED    LG    XL		
<b>\$ _____ TOTAL FEES PAID, including race entry and souvenir shirt</b>		

**Please read and sign the following Waiver:** In consideration of the acceptance of this entry, I hereby, for myself and my heirs, executors and administrators, waive any and all rights, claims and damages I may have against the Southern Arizona Roadrunners, Run Tucson, Tucson Medical Center, the City of Tucson, Pima County, the State of Arizona, and any and all sponsors, race routes, coordinating groups, and individuals associated with said event. I have been warned I must be in good health to participate in the event. I also give permission for the free use of my name and picture in any broadcast, telecast, digital or print media account of this event. In filling out this form, I acknowledge I have read and fully understand my own liability and do accept the restrictions.

X \_\_\_\_\_  
Entrant's Signature                              Date (Parent or Guardian's Signature if under 18)