



Gabe Zimmerman Triple Crown Entry Form

This form registers you for all three events

Mail the completed form with a check payable to the
Southern Arizona Roadrunners to this address by **May 25, 2012**:
Southern Arizona Roadrunners – Triple Crown
PO Box 64215 | Tucson, AZ 85728-4215

Last Name _____ First Name _____

Mailing Address _____

City _____ State _____ Zip _____

E-mail _____ Phone: _____

Sex: F _____ M _____ SAR Member: YES _____ NO _____ DOB _____

EVENTS – please mark which distance you intend to do and your age on the event date

TMC Meet Me Downtown 5k Night Run/5k

5k run _____ 5k walk _____ Age on 6/2/12 _____

TMC Saguaro National Park Labor Day Run

8 mile run _____ 5k run _____ 5k walk _____ Age on 9/2/12 _____

TMC Get Moving Tucson Half-Marathon and 5k

Half-Marathon _____ 5k run _____ 5k walk _____ 1-Mile _____ Age on 10/21/12 _____

PRICING

By December 31: \$66 _____

By April 1: \$75 _____

By May 25: \$99 _____

Everyone who registers for the Triple Crown receives a Run Tucson technical shirt; everyone who completes the Triple Crown will receive a special award, as yet determined

Preferred t-shirt size and style:

Men's:	SM	Med	LG	XL
Women's:	SM	Med	LG	XL

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 sponsors, coordinating groups, the Southern Arizona Roadrunners, the City of Tucson, Pima County, Arizona Department of Transportation, National Park Service, the University of Arizona, and any individuals associated with said event. Also, none of the above is responsible for the loss of personal items nor any other form of aggravation in connection 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)