



HOSPITAL HILL RUN ENTRY FORM

___ Hospital Hill Run Half Marathon \$60
___ Hospital Hill Run 10K \$50
___ UMKC School of Medicine 5K \$40

FIRST NAME _____ LAST _____

SEX: F M (circle one) BIRTH DATE ____ - ____ - ____

ADDRESS _____

CITY _____ STATE/PROV _____ ZIP/POSTAL _____

COUNTRY _____

HOME PHONE _____

EMAIL _____

T-SHIRT SIZE: Men's \ Women's XS S M L XL XXL (circle one)

SHOE SIZE MEN \ WOMEN ____ (full size only)

THIS IS A LEGAL DOCUMENT. PLEASE READ CAREFULLY BEFORE SIGNING.

I know that participating in a road race is a potentially hazardous activity. I should not enter and participate unless I am medically able and properly trained. I also know that, although police protection will be provided, there will be traffic on the course route. I assume the risk of running in traffic. I also assume any and all other risks associated with running this event, including but not limited to falls, contact with other participants, the effects of weather including high heat and/or humidity and the condition of the roads, all such risks being known and appreciated by me. I agree to abide by all decisions of the race officials relative to my ability to safely complete this race. I agree not to wear headsets, roller blades or skates during the race. I agree not to bring baby strollers / joggers, scooters or dogs onto the race course. Knowing these facts, and in consideration of your accepting my entry, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, promise not to sue, and waive, release and discharge the Hospital Hill Run Race Director and Board of Directors; Crown Center Redevelopment; HA, Inc; Hallmark Cards. Inc; Saint Luke's Health System, UMKC School of Medicine and other participating area Hospitals; City of Kansas City, Missouri including their Police Department; Emergency Amateur Radio Systems; Race Officials; Volunteers; any and all sponsors including their agents, employees, assigns or anyone acting for or on their behalf, from any and all claims or liability for death, personal injury or property damage of any kind or nature whatsoever arising out of, or in the course of, my participation in this event though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I understand that the rules of the USAT&F regarding drug testing may be obtained by calling the U.S.O.C. at 1-800-233-0393. This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. The undersigned further grants full permission to Hospital Hill Run, it's race sponsors, and / or agents authorized by them to use any photographs, videotapes, motion pictures recording, or any other record of this event for any purpose. Applications for minors will be accepted only with a parent's signature. (If a parent is signing on behalf of a minor, then the parent agrees to defend and indemnify all persons and entities listed in the second paragraph of this Release & Waiver against any claim brought against them by that minor at any time, arising out of the minor's participation in this event.)

PARTICIPANT'S SIGNATURE

PARENT'S SIGNATURE (if under age 18)

Completed applications and payment must be postmarked by May 15, 2010 and mailed to:
Hospital Hill Run PO Box 27204, Overland Park, KS 66225

