

**Polar Bear 3 Mile – 5 Mile - Doubler
Saturday, February 25, 2012**

sponsored by 

**Franciscan
ST. FRANCIS HEALTH**

Assigned Bib Number

PLEASE PRINT CLEARLY

EVENT: 3 Mi ___ 5 Mi ___ 3 & 5 Mi Doubler ___

**DOUBLER IS AVAILABLE FOR
PRE-REGISTERED ONLY**

Last Name First Name

Date of Birth _____ Age on Race Day _____

Street Address

Gender: Male ___ Female ___

Yes, I want to order a long sleeved shirt.
(please circle your size):

City State Zip Code

S M LG XL XX



Email address (for updates, notices, confirmations and results)

PRE-REGISTRATION ENTRY FEE (closes on 2/20)

	Check/Cash	Credit Card
3 Mile or 5 Mile Entry	\$20 _____	\$21.20 _____
3 & 5 Mile Doubler Entry	\$30 _____	\$31.80 _____
T-Shirt (not included in entry)	\$10 _____	\$10.60 _____

Day Phone# Evening Phone#

SORRY, NO REFUNDS

RELEASE & WAIVER STATEMENT (must be signed)

I have read the accompanying information and understand that participating in a road race event is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the distance. I also know that while police protection will be provided, there may be traffic on the course.

I assume all risks associated with my voluntary participation in this event, including but not limited to, falls, contact with other participants, the effects of the weather, including extreme temperatures, traffic and all conditions of the road, all such risks being known and appreciated by me.

Knowing these facts, and in consideration of your accepting my entry, I for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue and WAIVE, RELEASE AND DISCHARGE Franciscan St. Francis Health, all other sponsors, Indianapolis City Market, ProFit, Inc. d/b/a Ken Long & Associates, race officials, workers, volunteers, and the City of Indianapolis, their representatives, successors or assigns for ANY AND ALL claims of liability, whether foreseen or unforeseen, for death, personal injury or property damage arising out of, or in the course of my participation in this event.

I further grant full permission to the above mentioned sponsor(s), organizers, and/or agents authorized by them, to use any photographs, videotapes, motion pictures, recordings or other record of the event for any reasonable purpose.

Signature of Entrant or Parent/Guardian if entrant is age 18 or younger Date

TOTAL AMOUNT PAYING \$ _____

Method of Payment: Check Cash Credit Card
(circle one)

If paying by credit card, the bank processing fee is added (see above). **We accept only VISA & Master Card.**

Credit Card Number (16 digits)

Expiration Date

Name on Credit Card

Friday, 2/24 and Race day entry fees:

	Check/Cash	Credit Card
3 or 5 Mile Entry	\$25 _____	\$26.50 _____
T-Shirt	\$12 _____	\$12.72 _____

Long sleeved shirts available on a first-come, first-served basis on Friday and race day.

MAIL TO: Ken Long & Associates
994 N. Combs Road
Greenwood, IN 46143

**IF PAYING BY CHECK,
MAKE PAYABLE TO:**
Ken Long & Assoc. (or KLA)

CONTACT: www.kenlongassoc.com
email: klong@kenlongassoc.com
tel: 317.884.4001

