

Mail- in Registration Form  
Zombie Run 5k run/walk  
Traverse City, Michigan  
Oct 31, 2009, 9am

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Age on race day: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Event: 5K \_\_\_\_\_ Walk \_\_\_\_\_

Circle t-shirt size:    S    M    L    XL

Sorry! Due to high demand, T-shirts are no longer available!

Fees:            Runners - \$25  
                     Walkers - \$25

Proceeds to benefit TART trails

**Waiver must be read and signed before mailing:**

I know that a run/walk is a potentially hazardous activity. I should not enter or run this event 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 run. I assume all risks associated with running in the race including, but not limited to, falls, contact with other participants, the effects of weather, including high heat, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release the event, Zombie Run race coordinators their representatives and successors 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 the waiver. All fees are nonrefundable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Make your check payable to "TART trails Zombie Run"

Mail this form no later than Oct. 25<sup>th</sup> to:  
TART Trails, Inc.  
PO Box 252  
Traverse City, MI 49685