



REGISTRATION/DONATION FORM OCTOBER 16, 2010

NAME 1 Last Name _____ First Name _____

Address _____ City _____ State _____

Zip _____ Phone _____ E-mail _____

T-shirt size (Please circle one): Adult S Adult M Adult L Adult XL Child S Child M Child L

NAME 2 Last Name _____ First Name _____

(if different than above) Address _____ City _____ State _____

Zip _____ Phone _____ E-mail _____

T-shirt size (Please circle one): Adult S Adult M Adult L Adult XL Child S Child M Child L

NAME 3 Last Name _____ First Name _____

(if different than above) Address _____ City _____ State _____

Zip _____ Phone _____ E-mail _____

T-shirt size (Please circle one): Adult S Adult M Adult L Adult XL Child S Child M Child L

NAME 4 Last Name _____ First Name _____

(if different than above) Address _____ City _____ State _____

Zip _____ Phone _____ E-mail _____

T-shirt size (Please circle one): Adult S Adult M Adult L Adult XL Child S Child M Child L

Please make all checks payable to **Carmel Clay Education Foundation**. You may also submit payment via PayPal on susunmemorialrun.com. Children under 8 can participate without paying the registration fee but they will not receive a commemorative T-shirt. **NO REFUNDS.**

**Registration forms and payment must be received by 10/01/10.
On-site registration will be available the day of the walk/run.**

_____ \$20 Early Bird Registration (due by 8/1/10)

_____ \$25 Pre-Registration (due by 9/1/10)

_____ \$30 Registration (if mailed in after 9/1/10 includes commemorative T-shirt while supplies last)

_____ \$35 On-site Registration (includes commemorative T-shirt while supplies last)

_____ \$10 Additional Commemorative T-shirt

_____ Additional donation to Carmel Clay Education Foundation in honor of Susan Moulder

I/we cannot participate but would like to make a contribution. Enclosed is a check payable to the Carmel Clay Education Foundation.

_____ (Amount)

_____ **Total Amount Enclosed**

Mail completed registration and payment to:
SuSun Memorial Walk/Run
16509 Witham Lane
Noblesville, Indiana 46062

Release and Waiver Statement: I have read the event information and understand the policies of the event. I know that running and walking in a road race 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 run or walk. 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 acceptance of my entry, I for myself, my heirs, executors, administrator or anyone else who might claim on my behalf, covenant not to sue and WAIVE, RELEASE, AND DISCHARGE the SuSun organizers, planners, and fund, city of Carmel, race officials, workers, or volunteers, their representatives, successors or assigns for ANY AND ALL claims or 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 mentions sponsors, organizers and agents authorized by them to use any photographs, videotapes, motion pictures, recordings or other record of the event for any reasonable purpose. I understand that race officials may cancel the event due to severe weather, with no refunds. I understand that this is not a competitive event.

Signature of Participant or Guardian

Date