

# Spotlight On Nursing - October 12, 2013

First Name

Last Name

Address

City

State

Zip Code

Country (if not US)

Sex (m/f)

Age on 10/13

Phone (day)

Phone (eve)

Date of Birth

E-Mail address

Emergency Contact Name

Emergency Contact Phone

Shirt Size (circle one)

**S M L XL XXL**

*Shirt sizes and availability not guaranteed on event day*

## Entry Fee

*Check which option you want below*

- Competitive 5K (with timing tag) no shirt - \$25
- Non-Competitive 5K (no timing tag) no shirt - \$25
- Competitive 10K (with timing tag) no shirt - \$25
- 1 Mile non-competitive walk no shirt - \$25
- Add a shirt - \$5

TOTAL \$ \_\_\_\_\_

Make check payable to: **Spotlight On Nursing**

Fax to: 317-873-5803

Method of payment

check  money order  visa  mastercard

Credit Card # \_\_\_\_\_ exp \_\_\_\_\_

Signature \_\_\_\_\_

**Race Day  
Fee is \$30  
for all categories**

(shirts while they last)

I have read the accompanying event information and understand the policies of the event. I know that running and walking 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 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, WAIVE, RELEASE AND DISCHARGE all sponsors, Tuxedo Brothers, Inc., and the City of Indianapolis, White River State Park race officials, workers of volunteers and their executors, administrators or anyone else who might claim on my behalf, covenant not to sue 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 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 under 18 years of age)

Date

Mailing deadline is Tuesday, October 8, 2013 - Fax Deadline is October 10 - 5PM.