



Saturday, May 31, 2014 – Fargo ND

More Information: www.solemotionrace.com

Individual Registration				
Event Choice: 1. Op	en Mile 2. Kids Run (12&Under)	Age On May 31, 2014:		
3. Colors of Cancer Mile				
First Name:		Last Name:		
Address:		Phone:		
City:		State:	Zip:	
Gender: M F	Adult Shirt: S M L XL XXL	Email:		
	Kids Shirt: S M L	Estimated Finish Time:		
Mail To: SoleMOTION LLC 1310 9 th St South Fargo, ND 58103 701.261.6782	Until After 5/15/14 5/15/14 Open Mile \$23 \$28 Colors of Cancer \$23 \$28 Kids Half Mile \$12 \$15 Roger Maris Cancer Center Donation (Optional) \$ Total Enclosed: \$ \$	SANF: BRD° CANCER		
Waiver: In consideration of the acceptance of this registration form, I hereby, for myself and my heirs, executors and administrators, waive any and all rights, claims, and damages I may have against The 7 th Street Mile, SoleMOTION Race Management Services LLC, Beyond Running, the sponsors, City of Fargo, or any individuals associated with said event. None of the above is responsible for neither the loss of items nor any aggravation in connection with said event. I also give permission for the				

Management Services LLC, Beyond Running, the sponsors, City of Fargo, or any individuals associated with said event. None of th above is responsible for neither the loss of items nor any aggravation in connection with said event. I also give permission for th free use of my name and picture in any telecast or print media account of the event. I understand that event fees are non-refundable. If you are under 18 years of age, you must have a parent or legal guardian read and sign this form to participate in this event. All registered runners <u>must</u> sign the waiver form:

Signature:	Date:
	104.7













