



Please print & complete ALL fields.

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First Name

Last Name

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Address

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City

State

Zip

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E-Mail Address

I am entering the: (circle one)    *Half Marathon*    10K    5K

I am a: (circle one)    Runner    Walker    Age on race day \_\_\_\_\_

Participant Telephone: \_\_\_\_\_

Shirt Size (long sleeve technical):    S                    M                    L                    XL

ENTRY FEES\*: Before Race Day:    *Half-\$45*    10K-\$40    5K-\$35

RACE DAY REGISTRATION: Add \$5.00 to the entry fee.

*\*"FRIENDS & FAMILY PACK": Take \$5 off per entry if registering 4 or more people.*

*\*Must be mailed in together or turned in at in-store registration together.*

REGISTER ONLINE: [www.ultrafit-usa.com](http://www.ultrafit-usa.com)

REGISTER BY MAIL: ULTRAFIT, PO BOX 629, HILLIARD, OH 43026

REGISTER IN-STORE OR RACE DAY: Cash, Check or CC accepted

QUESTIONS: [jeff@ultrafit-usa.com](mailto:jeff@ultrafit-usa.com) or call 614-332-5205

ONLINE REGISTRATION: [www.ultrafit-usa.com](http://www.ultrafit-usa.com)

RACE WAIVER: (Please read carefully) I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including cold, snow and/or ice, high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release ULTRAFIT-USA, its directors, officers and staff, the City of Hilliard, Hilliard City School District, Columbus and Franklin County Metro Parks, and its employees, and all sponsors including 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 this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. I understand that headsets of any kind, dogs on leashes, in-line skates, bicycles and vehicles to transport children are prohibited and that violation of this prohibition will result in disqualification.

Signature of Participant or Parent or Guardian Signature (if Participant in under 18 years of age)

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