

IT'S NOT ST. PATRICK'S DAY 5K OFFICIAL ENTRY FORM

(please print and complete all fields)

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

E-Mail Address _____

Male _____ Female _____ Age on 3/08 _____

Shirt Size: S M L XL

ENTRY FEE: \$27 **RACE DAY:** \$30

ONLINE REGISTRATION: www.ultrafit-usa.com

Make checks payable to and mail with completed entry(s) to:
ULTRAFIT-USA, PO BOX 629, HILLIARD OH 43026

Race Waiver: (Please read carefully) In return for acceptance of my entry fee in this event, I, for my executor, administrators and assigns, hereby release and discharge ULTRAFIT-USA, City of Hilliard, The Country Cork, any and all sponsors associated with the race, their agents and employees for any and all claims for damages, actions, demands, and injuries arising out of my participation in this event. I have full knowledge of all risks involved in participating in the run and state that I am physically fit and sufficiently trained to participate in it.

SIGNATURE _____ DATE _____

GUARDIAN SIGNATURE (If race participant is under the age of 18)