

**5TH ANNUAL PAPILLION HALF MARATHON, 10K & COMMUNITY FUN WALK
PRESENTED BY ALEGENT HEALTH MIDLANDS HOSPITAL**



SUNDAY, MAY 20TH 2012

Mail completed entry form along with check or money order made payable to:

PAPILLION RECREATION DEPARTMENT
1100 W. LINCOLN STREET ▪ PAPILLION, NE 68046
PHONE (402) 597-2041 ▪ FAX (402) 597-2080
www.papillion.org/recreation.cfm

PACKET PICK-UP, PASTA DINNER AND LATE REGISTRATION:
SATURDAY, MAY 19TH, AT ALEGENT HEALTH MIDLANDS HOSPITAL, 4:00-7:00 PM
NO RACE DAY REGISTRATION

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Phone: Home: (____) _____ Cell: (____) _____ Work: (____) _____

Age on Race Day (yrs): _____ Male Female

Wheel Chair Participant _____ # of Half Marathons Finished _____ 10K _____

Shirt Size: **Youth Sizes** S M L **Adult Sizes** S M L XL XXL

Technical Shirt (Half Marathon & 10K), Event T-Shirt (Fun Walk) - ENTRY MUST BE RECEIVED BY APRIL 20TH. Size and availability may be limited after this date.

Fees:	Half Marathon (11/1-4/22)	\$45.00	_____
	Half Marathon Late Registration (4/23-5/19).....	\$60.00	_____
	10K (11/1 to 4/22)	\$35.00	_____
	10K Late Registration (4/23-5/19)	\$50.00	_____
	Fun Walk ages 13 and u	\$10.00	_____
	Fun Walk ages 12 and under	FREE w/ Canned Food Donation	_____

Canned food donations will go to the Tri City Pantry.

A portion of the proceeds will be donated to the Nebraska Special Olympics.



Waiver:

I know that competing in a running event is a potentially hazardous activity. I should not enter and compete unless I am medically able to run the distances of this event. I agree to abide by any decision of a race official relative to my ability to safely compete in this event. I fully understand the nature of this activity, and I waive and release and hold harmless the City of Papillion and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may incur. This includes personal injury, death, or property damage suffered by me, or that I may cause to others as a result of my participation in this activity. I have read and clearly understand the above statements, and realize this is a contract between myself and the City of Papillion and is a release of liability. I sign it of my own free will.

Print Name: _____ Date: _____

Signature: _____

(If under the age of 18, a parent or guardian must sign.)