

## Entry Form and Waiver

Distances:  10 km Run  5 km Walk/Run  1km Walk

Name: \_\_\_\_\_

Age: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Res. Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Payment: \$ \_\_\_\_\_  Cash/Cheque  Visa/MC/Amex

Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Wheelchair Entry

10 and under (5K)  11-14  15-19  20-29

30-39  40-49  50-59  60-69  70+

Team Entry # of Team Members: \_\_\_\_\_

Team name: \_\_\_\_\_

All team entries must be submitted together for processing. Minimum four members to a team.

In consideration of The Arthritis Society accepting this, my entry, I hereby, both for myself and my heirs, waive any and all claims, for damages (whether for personal injury, death, illness or for negligence), which I may have as a result of my participation in, or attendance at, this race, and release from liability for such claims the following: The Arthritis Society, the Race Director, his committee, officials and volunteers working the race, Race Sponsors and their employees and agents, the local municipality and its employees and agents, and other participants in the race.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature of  
Parent or Guardian \_\_\_\_\_

(if under 18 years of age)

Where did you pick up this form? \_\_\_\_\_

Return to **THE ARTHRITIS SOCIETY**  
4B 740 4th Avenue South, Lethbridge, Alberta T1J 0N9  
Fax (403) 328-1424

## Race Information

### Race Date

Saturday, November 16, 2002 Costume Judging : 1:30 p.m.

Race Starts: 2:00 p.m. Sharp!

Award Ceremonies & Prizes: to follow race

Check in at the Judges table prior to race time for costume judging and to qualify for great prizes

### Venue

Under the grand stand, next to Bully's Sport & Entertainment Centre. Free parking/disabled parking available.

### Register today:

General: \$25.00 (\$30.00 after November 12)

Youth (14 & Under): \$15.00

Enter Early! You receive a long sleeved T-Shirt, Jingle Bell and a Race Kit (while quantities last). Competitive Runners must register before 5:00 pm Friday, November 15 to receive your race number.

### To Enter

MAIL or FAX your entry form by October 31st to: **The Arthritis Society**  
Suite 4B, 740 4th Avenue South  
Lethbridge, Alberta T1J 0N9  
Fax (403) 328-1424

Drop off entry forms at: **Runners Soul**  
2646 South Parkside Drive  
Lethbridge, AB.

Make cheques payable to **The Arthritis Society.**

### Race Kit Pickup

**Thursday**, November 14, 10:30 a.m. to 9:00 p.m., **Friday**, November 15, 10:30 a.m. to 5:00 p.m.

Runners Soul, 2646 South Parkside Drive, Lethbridge, Alberta. Make cheques payable to The Arthritis Society

### Costumes

Show your holiday spirit! Dress in a festive costume. Prizes will be awarded.

### Team Challenge

Challenge your colleagues to form their own team and compete in the **Team Challenge.**

### Course Info

Course Marshals must be obeyed at all times. Detailed map posted at the event. Official times will be recorded.

**The Arthritis Society, Alberta and Northwest Territories Division, is committed to improving the quality of life for people affected by arthritis and to support proactive efforts directed toward prevention, diagnosis, treatment and a cure for arthritis.**