

# 13<sup>TH</sup> ANNUAL PAT'S RUN

April 22, 2017 | WWW.PATSRUN.COM

Register online at PATSRUN.COM or complete this form and mail to:

**PAT TILLMAN  FOUNDATION**

660 South Mill Ave, Ste. 401, Tempe, AZ 85281  
(480) 727-5382 | patsrun@pattillmanfoundation.org

Please note, paper forms are not officially confirmed registrations until payment has been processed.

## PARTICIPANT INFORMATION (One registration form is required per person. Please print clearly.)

FIRST NAME _____		LAST NAME _____	
MAILING ADDRESS _____			
CITY _____		STATE _____	ZIP _____
E-MAIL _____		PHONE NUMBER _____	
Please provide your preferred e-mail address to ensure you receive your entry confirmation and important Pat's Run participant updates.			
AGE ON RACE DAY: <input type="text"/>	DATE OF BIRTH: <input type="text"/> / <input type="text"/> / <input type="text"/>		
I am a: <input type="checkbox"/> RUNNER <input type="checkbox"/> JOGGER <input type="checkbox"/> WALKER		My anticipated finish time is _____ minutes.	
EMERGENCY CONTACT _____		PHONE NUMBER _____	

## TEAM INFORMATION (Complete the fields below only if you are participating as part of a team.)

\*TEAM REGISTRATION ENDS MARCH 31, 2017

TEAM/COMPANY NAME \_\_\_\_\_

Are you the Team Captain?  YES  NO

TEAM CAPTAIN'S NAME \_\_\_\_\_

## WAIVER AND SIGNATURE

For the safety of all participants, no pets are permitted.

The undersigned athlete ("Athlete") on behalf of himself/herself and on behalf of Athlete's personal representatives, assigns, heirs, executors, and successors hereby fully and forever releases, waives, discharges and covenants not to sue the Pat Tillman Foundation, Pat's Run, its parent and affiliated corporations and charities, Arizona State University, the city of Tempe, Maricopa County and the State of Arizona, USATF, RacePlace Events, any and all municipal agencies whose property and/or personnel are used or in anyway assist, all sponsoring or co-sponsoring companies or individuals related to the Event, together with their officers, directors, shareholders, successors and assigns, (collectively "Releasees") from all liability to the Athlete and his/her personal representatives, assigns, heirs, executors, and successors for any and all loss(es), damage(s) and any and all claims or demands therefore, on account of injury to Athlete, his/her property or resultant death, whether caused by the active or passive negligence of all or any of the Releasees or otherwise, in connection with Athlete's participation in the Event. Athlete represents and warrants that he/she is in good physical condition and is able to safely participate in the Event. Athlete is fully aware of the risks and hazards inherent in participating in the Event and hereby elects to voluntarily participate, knowing the risks associated with the Event. Athlete hereby assumes all risks of loss(es), damage(s), or injury(ies) that may be sustained by him/her while participating in the Event. Athlete agrees to the use of his/her name and photograph in broadcasts, newspapers, brochures and other media without compensation. Athlete acknowledges that the entry fee is paid in non-refundable and non-transferable. Athlete acknowledges and agrees that the Pat Tillman Foundation, in its sole discretion, may delay or cancel the Event if it believes the conditions on the race day are unsafe. In the event the Event is delayed or cancelled for any reason, there shall be no refund of the entry fee or any other costs of Athlete in connection with the Event. The Athlete hereby grants to the medical director of the Event, and his/her agents, affiliates and designees, access to all medical records and physicians as needed and authorizes medical treatment as needed. Athlete understands that they have the right to refuse medical care and advice of Event medical directors and representatives; if Athlete's medical condition becomes such that the Athlete's mental capacity is questioned, the physician has the right to recommend and initiate treatment of Athlete. It is understood and agreed that Athlete hereby assumes liability for any and all medical expenses incurred as a result of training for and/or participation in the Event, including but not limited to ambulance transport, hospital stays, physician and pharmaceutical goods and services. Athlete warrants that all statements made herein are true and correct and understands that Releasees have relied on them in allowing Athlete to participate in the Event. **ATHLETE HAS READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT. IF ATHLETE IS UNDER AGE 18 HIS /HER PARENT OR GUARDIAN MUST SIGN THIS RELEASE AND WAIVER AGREEMENT.** Athlete's Parent or Guardian's signature certifies that my son/daughter/ward has my permission to participate in the Event. Athlete's Parent/Guardian has read and understands the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT (above) and by signing intentionally and voluntarily agrees to its terms and conditions. Athlete's Parent/Guardian further certifies that my son/daughter/ward is in good physical condition and is able to safely participate in the Event. I hereby authorize medical treatment for him/her and grant access to my child's medical records as necessary and as stated above.

SIGNATURE (One registration form per person. Not valid without signature.)

DATE

X

## REGISTRATION FEES

Jan 10 - Exclusive! \$40

Jan 11 - Feb 14 \$42

Feb 15 - Mar 10 \$45

Mar 11 - Mar 31 \$47

Apr 01 - Apr 21 \$50

Kids Run is \$5 through April 18th and \$10 for race week.

Space is limited! No race day registration.

One registration form is required per person; not valid without signed waiver.

MALE  FEMALE

Register me for the:

4.2 mile run/walk

.42 Kids Run (Ages 12 and under)

Tillman Honor Run or Virtual Runner registration may only be completed online at [www.patsrun.com](http://www.patsrun.com).

### RACE SHIRTS:

4.2 Mile Technical Race Shirt

MALE FIT  FEMALE FIT

WXS  S  M  L  XL  2X  M3X

.42 Mile Kids Run Cotton T-Shirt

YXS  YS  YM  YL  YXL  AS  AM

## PAYMENT INFORMATION

ENTRY FEE	\$ _____
ADDITIONAL DONATION	\$ _____
TOTAL ENCLOSED	\$ _____
PAYMENT METHOD	
<input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit/Debit	
(Payable to Pat Tillman Foundation)	
CREDIT/DEBIT CARD INFORMATION	
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card	
<input type="checkbox"/> Discover <input type="checkbox"/> Amex	
CARD NUMBER _____	
NAME ON CARD _____	
EXPIRATION DATE _____	SECURITY CODE _____

PAT'S RUN IS A FUNDRAISER FOR THE

 **PAT TILLMAN  
FOUNDATION**

BENEFITING TILLMAN SCHOLARS

HEAR THEM TELL THEIR STORIES AT  
[WWW.PATTILLMANFOUNDATION.ORG](http://WWW.PATTILLMANFOUNDATION.ORG)