

# OCT 16, 2010 KIDS FUN RUN ENTRY FORM

Middle Tennessee  
Medical Center  
Presents



Please read carefully. One entry form per participant. Must be filled out completely; please print. Race limited to 250 runners. Participant must be between 6 and 13 years of age on or before 10/16/10 and must be able to complete a one-mile course in 30 minutes or less. For more information and rules, go to [www.TheMiddleHalf.com](http://www.TheMiddleHalf.com).

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Sex: (circle one) M F

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ Age on 10/16/2010: \_\_\_\_\_

Phone:( \_\_\_\_\_ ) \_\_\_\_\_ Birthdate: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

Parent or Guardian's email: \_\_\_\_\_

\*All race confirmations will be sent via email.

T-Shirt Size (circle one): Youth Sizes S M L Adult Sizes S M L XL

Fee: \_\_\_\_\_ \$15  
\_\_\_\_\_ Pre-Race Pasta Party (\$12 each)  
\_\_\_\_\_ Total Amount enclosed

Registration fees are non-refundable and must be received by October 1, 2010 to be guaranteed a shirt. Registrations are non-transferable, NO EXCEPTIONS.

Make checks payable to: **Murfreesboro Half Marathon**

Mail entry form and check to:

Murfreesboro Half Marathon  
Attn: Race Entry  
PO. Box 11985  
Murfreesboro, TN 37129

**OR** drop off check & form by:

Fleet Feet Sports  
544 N Thompson Lane  
Murfreesboro, TN  
(615) 494-3141

## Packet Pickup

Fun Run participants must pick up their race packet during regular Packet Pickup hours. Thursday, October 14 and Friday, October 15 at Embassy Suites, Murfreesboro Saturday, October 16 at MTSU. See website for hours and map.

By signing below, I agree, warrant and covenant as follows:

I know that running a road race is potentially hazardous. I assume all risks associated with running this event including, but not limited to: falls, contact with other participants, the effects of the weather, traffic and conditions of the road. I, individually, for and in consideration of receiving permission from the Murfreesboro Half Marathon organization and the City of Murfreesboro Parks and Recreation to enter and participate in the above mentioned racing event, do hereby release, waive and forever discharge the Murfreesboro Half Marathon organization and the City of Murfreesboro Parks and Recreation and any or all other sponsoring groups of this event, together with all of their officers, agents, officials and employees from any and all liability, claim, demands, actions or course of action whatsoever, arising out of or related to any injury, illness, loss or physical condition to participate. I hereby grant any medical director of the event, and his/her agents, affiliates and designees, access to all medical records and physicians as needed and authorize medical treatment as needed. It is understood that the Athlete 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. I understand that bicycles, skates, skateboards, and pets are absolutely restricted from the course. I will be between 6 and 13 years of age on October 16, 2010. I hereby grant full permission to any and all of the above parties to use any photographs, videotapes, motion pictures, web site images, recordings or any other record of this event.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(if under 18 years of age on race day)

### Middle Tennessee Medical Center - Presenting Sponsor

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