

2009 Minto Run for Reach, Sunday, April 26 Individual Entry Form

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| Office use only Bib #: |
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| Event | Until April 6 | April 7 until April 25 | Race Day April 26 |
|--|---|---|-------------------------|
| 21.1 Half Marathon Run | Youth: \$21.00 (under 18) | Youth: \$26.00 (under 18) | Youth: 31:00 (under 18) |
| 5km Wheelchair | | | |
| Enbridge 5km Run | | | |
| 10km Run | | | |
| In-Line Skate Half Marathon | Adult: \$36.00 | Adult: \$46.00 | Adult: \$56.00 |
| Tim Hortons 3km Family Walk/Run/Wheel | Single: \$26.00 Family: \$75.00 (up to 4 people) | | |
| Event | Until April 6 | April 7 until April 24 | |
| 5 km Team Challenge | \$175.00/team | \$210.00/team from (No team registration on Race Day) | |

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| <input type="checkbox"/> Half Marathon 21.1-km Run <input type="checkbox"/> 10-km Run <input type="checkbox"/> 5-km Wheelchair <input type="checkbox"/> Enbridge 5-km Run | <input type="checkbox"/> 5-km Team Challenge <input type="checkbox"/> In-Line Skate Half Marathon 21.1-km <input type="checkbox"/> Tim Hortons 3-km Walk/Run/Roll |
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Last Name (Please Print) ----- First Name -----

Address -----

City ----- Province ----- Postal code ----- Country-----

Home Phone -----Business Phone -----Email -----

Date of Birth Day----- Month----- Year----- Age on race day: -----

Male Female T-shirt Size: S M L XL If you own a Chip please enter the # here -----

Method of Payment: Cash Cheque Amex Visa MasterCard

Name (Cardholder): ----- Card # -----

Expiry-----Signature -----

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| Office use only: Paid <input type="checkbox"/> Charge <input type="checkbox"/> |
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Use this space below **ONLY** if you are entered in the 5k Team Challenge.
The team name must be typed exactly the same for all team members

(TEAM NAME) -----

RELEASE WAIVER AND INDEMNITY In consideration of the acceptance of this entry in this event I or legal guardian of applicant if applicant under 18 years of age, for myself, my heirs, executors, administrators and assigns, waive any claims to which I may become entitled due to injury or damage and release the City of Ottawa, the National Capital Commission, and all other Associations and organizers, Sponsors, representatives, their agents and employees, and any other person and organization assisting in this event from any claims for damages or injury suffered by me as a result of my participation in or traveling to or from this event. I, further state that I am in proper physical condition to participate in this event and am aware that participation could, in some circumstances, result in physical injury. I, also, give my permission for the free use of my name and picture in broadcast, telecast or written account of this event.

Signed at Ottawa this -----day of -----2009 Signature -----

Witness ----- (If less than eighteen (18) parent or guardian must sign).

Mail to: Reach Canada, 400 Coventry Road, Ottawa ON K1K 2C7 or Fax: (613) 236-6605