2010 ENTRY FORM

Saturday • March 27, 2010 • 7:00 am

❑ Race for Research Half Marathon

❑ Race for Research 5K (7:30 am start)

✸ ALL YELLOW AREAS MUST BE COMPLETED

✸ BIRTHDATE *(required)* ✸ AGE *(on March 27)* ✸ SEX M F *(circle)* PR for Marathon or 5K *(optional)* ✸ T-SHIRT SIZE S M L X *(circle)*

✸ FIRST NAME LAST NAME

✸ MAILING ADDRESS *(including apartment number)*

✸ CITY ✸ STATE ✸ ZIP CODE

✸ DAYTIME TELEPHONE NUMBER *(required)* E-MAIL ADDRESS

MAILED ENTRY FORMS MUST BE RECEIVED BEFORE MARCH 15, 2010

LINK TO ONLINE REGISTRATION THROUGH WWW.TPIMS.ORG

DIVISIONS

M *(check one)*	F
❑ 10 & U	❑
❑ 11 to 14	❑
❑ 15 to 18	❑
❑ 19 to 29	❑
❑ 30 to 39	❑
❑ 40 to 49	❑
❑ 50 to 59	❑
❑ 60 to 69	❑
❑ 70+	❑

ENTRY FEES

	Received by Feb 1	Received by March 15	ONLINE ONLY March 16-25	Morning of March 27	Amount Due
HALF MARATHON	$50.00	$60.00	$60.00	$75.00	_____
5K	$20.00	$25.00	$25.00	$30.00	_____

Additional Donation to the Research Area of Your Choice →

AIDS . . . . . _____
Arthritis . . . . . _____
Cancer . . . . . _____
Diabetes . . . . . _____
Heart Disease . . . . . _____
Multiple Sclerosis . . . . . _____
Osteoporosis . . . . . _____
Pain Management . . . . . _____
Vision . . . . . _____

TOTAL ENCLOSED . . . . . $ _____

Accident Waiver and Release of Liability Contract

In consideration for the acceptance of my entry or for whom I have signed, I, my child, he or she for whom I am guardian, and/or my heirs, executors and administrators, release and forever discharge the Torrey Pines Institute of Molecular Studies, the City of Port St Lucie, St Lucie County, and all sponsors, producers, their agents, representatives, successors and assigns of all liabilities, claims, actions, damages, costs or expenses which I may have against them arising out of or in any way connected with my participation in this event, including travel to or from this event, and including injuries which may be suffered by me before, during or after the event. I understand that this waiver includes any claims based on the negligence, action or inaction of any of the above parties. I also consent to my image, picture or recording being used by Torrey Pines Institute for Molecular Studies for any lawful purpose.

✸ DATE

✸ SIGNATURE OF ENTRANT *(parent's signature if under 18)*

Make Check Payable to: Torrey Pines Institute

Mail to: Torrey Pines Institute
Race for Research
11350 SW Village Parkway
Port St. Lucie, FL 34987-2352