

Last Chance For Boston

**FILL OUT ALL FIELDS THANK YOU!
EACH PARTICIPANT MUST HAVE THEIR OWN FORM**

Event	Through January 17	January 18 through February 12	February 13 through race day
Marathon	\$65.00	\$75.00	\$85.00
Half Marathon	\$35.00	\$40.00	\$45.00
10K	\$30.00	\$35.00	\$40.00
5K	\$30.00	\$35.00	\$40.00
Relay (See Instructions Below)	\$20.00 per team member	\$25.00 per team member	\$30.00 per team member

Event (Please Circle):

- Marathon
- Half Marathon
- 10K
- 5K

Relay: If you are participating as a relay each team member must complete their own form, team captain please fill out the section below and mail all team forms/payment together.

Team Information: <ul style="list-style-type: none">• Designate a team captain _____• Team Name _____	Number of Team Members: <ul style="list-style-type: none">• 2 Person• 3 Person• 4 Person• 5 Person
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Age on February 15, 2009: _____

Gender (Please Circle): Male or Female

Shirt Size: S M L XL XX

Name: _____

Address: _____

City: _____ **St:** ____ **Zip:** _____

Email (Optional): _____

Join Email List? (Please Circle) Yes or No

Waiver: I agree that by participating in this physical activity (the "Event") or use any Event facility/ premises, I do so at my own risk. I assume all risk of injury, illness, damage or loss to me or my property that might result, including without limitation, any loss or theft of personal property. I consent to medical treatment in the event of injury, accident and/or illness during the Event. I agree on behalf of myself (and my personal representatives, heirs, executors, administrators, agents and assigns) to release and discharge Premier Sports, and all other event sponsors, associates and volunteers from any and all claims or causes of action (known or unknown) arising out of their negligence. I acknowledge that I have carefully read this Waiver and Release and fully understand that it is a release of liability. By my signature, I am waiving any right I may have to bring legal action to assert a claim against any and all Event sponsors and representatives for their negligence.

Signature: _____
(Parent/Guardian if participant under 18 years of age) Date

Fill out ALL fields and, attach payment (payable to Premier Sports), and mail to:
Premier Sports
ATTN: Last Chance for Boston
401 Charmel Place
Columbus, OH 43235