



**LAKE UNION 10K**  
**Sunday, August 19, 2012**  
**7:30am**



[www.lakeunion10K.com](http://www.lakeunion10K.com)

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Sex (M/F):** \_\_\_\_ **Age (on Aug 19/12):** \_\_\_\_ **Date of Birth: M/D/YR** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Shirt Size:** XS S M L XL XXL (male & female sizing)  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State/Prov:** \_\_\_\_\_ **Zip/Postal Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Phone:** ( ) \_\_\_\_\_  
**Medical conditions we should be aware of:** \_\_\_\_\_

**Please check:** RUN WALK

**ENTRY FEE (no day of race registration)**

<b>Before August 10</b>	<b>August 11 – August 18</b>
<b>\$35</b>	<b>\$45</b>

**TOTAL: Race Fee \$**\_\_\_\_\_

**FEEs INCLUDE TEK T-SHIRT, TIMING CHIP, ON COURSE SUPPORT & POST-RACE MEAL.**

**Please make checks payable to:**  
**TOTAL HEALTH EVENTS**  
**2132 Westlake Ave N., #124, Seattle, 98109**  
**(mail in entries must be received by August 19)**

**Online Registration Available: [www.LakeUnion10K.com](http://www.LakeUnion10K.com)**

IN CONSIDERATION of the acceptance of my application and the permission to participate as an entrant or competitor in the Lake Union 10K, I, for myself, my heirs, executors, administrators, successors and assigns, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE Total Health Events LLC, 5Focus, all sponsors, contributors, contractors, employees and sanctioning bodies OF AND FROM ALL claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWEVER CAUSED, arising or to arise by reason of my participation in the said event, whether as a spectator, participant, competitor or otherwise, whether prior to, during or subsequent to the event, AND NOTWITHSTANDING THAT THE SAME MY HAVE BEEN CONTRIBUTED TO, OR OCCASIONED BY, THE NEGLIGENCE OF ANY OF THE AFORESAID. I FURTHER HEREBY UNDERTAKE to HOLD AND SAVE HARMLESS and AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by all of them as a result of, or in any way connected with, my participation in the said event. BY SUBMITTING THIS ENTRY I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED TO THE ABOVE WAIVER, RELEASE AND INDEMNITY I WARRANT that I am physically fit to participate in this event.

**PRINT NAME:** \_\_\_\_\_  
**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**GUARDIAN SIGNATURE (if under 17):** \_\_\_\_\_

**Race Director: Lynne Hoskins, Total Health Events (206) 499-1903 or [info@totalhealthevents.com](mailto:info@totalhealthevents.com)**