

REGISTER ME

Bib Number: _____ (Official Use Only)
School Code: _____ (Official Use Only)

GENERAL RULES

- One registration form per person (photocopies are acceptable)
- Bibs are non-transferable
- No refunds
- Return this form and payment to your school



RACER INFORMATION

Age on Race Day: ___ Sex Male Female - Wheelchair
(participants will automatically be assigned to their age group wave)

Last Name: _____

First Name: _____

School: _____

Address: _____

City: _____ State: _____

Zip: _____

Email: _____

Shirt Size: Adult: XS S M L XL XXL

Child: M L

ENTRY FEE

Participants Ages 18 yrs old & up _____ \$25

Participants Ages 17 yrs old & younger _____ \$20

I would like to make an additional **TAX DEDUCTIBLE DONATION**
to SPREE \$ _____

Total Amount Enclosed: \$ _____

(please make checks payable to The Greenway Foundation)

Waiver & Release — I hereby certify the following: (1) I am physically fit and have received medical clearance to participate in the Mile High Mile; (2) On behalf of myself, my heirs, and assigns, I hereby waiver and forever discharge the sponsors, organizers, affiliates, as well as their agents and employees from any and all claims that may accrue as the result of my participation; (3) I will do my best to avoid risks or creating risks to others; (4) I give my consent for medical treatment , should treatment for any accident or illness be required during the event; (5) I give permission for the future use of my name and picture for GWF events; and (6) I understand that there are no refunds.

DEADLINE: May 15th, 2009

Signature of Participant

Date

Signature of parent/guardian if participant is under 18 years old

Questions?

Click: www.spreeweb.org

Call: (303) 743-9720

Email: info@spreeemail.org

REGISTER MY FRIENDS OR FAMILY

Bib Number: _____ (Official Use Only)
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RACER INFORMATION

Age on Race Day: ___ Sex Male Female - Wheelchair
(participants will automatically be assigned to their age group wave)

Last Name: _____

First Name: _____

School: _____

Address: _____

City: _____ State: _____

Zip: _____

Email: _____

Shirt Size: Adult: XS S M L XL XXL

Child: M L

ENTRY FEE

Participants Ages 18 yrs old & up _____ \$25

Participants Ages 17 yrs old & younger _____ \$20

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to SPREE \$ _____

Total Amount Enclosed: \$ _____

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Waiver & Release — I hereby certify the following: (1) I am physically fit and have received medical clearance to participate in the Mile High Mile; (2) On behalf of myself, my heirs, and assigns, I hereby waiver and forever discharge the sponsors, organizers, affiliates, as well as their agents and employees from any and all claims that may accrue as the result of my participation; (3) I will do my best to avoid risks or creating risks to others; (4) I give my consent for medical treatment , should treatment for any accident or illness be required during the event; (5) I give permission for the future use of my name and picture for GWF events; and (6) I understand that there are no refunds.

DEADLINE: May 15th, 2009

Signature of Participant

Date

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