2010 Dexter-Ann Arbor Run mail in Registration Form (deadline: 5-10-10)

First Name: _____ date of birth: __ / __ / __

Last Name: _____ Age: __ **(on 6/06/10)** Gender: __

Address: _____

City: _____ State: __ Zip: _____

Phone number: ___ - ___ - ____

e-mail (please): _____ ***Entries must be postmarked by 5/10/10***

Race: $ 45 ☐ 13.1 mile half marathon (run) (2,600 limit for half marathon; 1,800 for 10K; 2,500 for 5K)

(select one only!)

$ 35 ☐ 10K run/walk ☐ 10K fun-run/walk ***(fun run: if selected your results will not be published!)***

$ 35 ☐ 5K run/walk ☐ 5K fun-run/walk **One entry per mail-in form including Kids Runners.**

$ 10 ☐ Kids Run (ages 12 and under) (no shirts for the kids run - finisher medals provided)

☐ Wheel chair participant

No transfers to other people or following year's event. See dxa2.com website for refund and transfer policy.

Race entry fee: (half marathon: $45; 5K or 10K: $35; Kids Run: $10) $ _____

T-shirt size: S ☐ M ☐ L ☐ XL ☐ XXL ☐ ***No shirt!*** ☐ **>** *($3.00 deduct)* (not for Kids Run)

AATC discount ($5 for current members). Membership number: _____ *($5.00 deduct)*

Youth discount (***not for Kids Run***) 5-12 years old: $10 off; 13-17 years old: $5 off *($5.00 - $10.00 deduct)*

Charitable contribution to the A.A.T.C. charity fund (split with 3 groups listed below): $ _____ (optional)

Make checks payable to: A.A.T.C. **Total amount enclosed:** $ _____

Waiver: I understand that this is a strenuous & potentially hazardous event. I am aware that running or walking outside on streets & in races has inherent risks and that the course will include other participants, bikes, cars, emergency vehicles and other hazards. I, for myself, my executors, administrators and assignees do hereby release and discharge the AATC, organizers of the race, its officials, sponsors, and volunteers, Dexter Village, the City of Ann Arbor, Scio Township & Ann Arbor Township from any damages, injuries, or expenses associated with my participation in this potentially hazardous running/walking event. I grant permission to the AATC to use any photos or videos for any legitimate marketing or promotional purposes for the race or for the club.

Signed: _____ Date: _____
(parent if under 18)

In case of emergency contact: _____ Phone #: _____

The C.S. Mott Children's Hospital Building Fund is providing funding to build a new, state-of-the-art children's medical facility on the University of Michigan Medical Center complex in Ann Arbor.

The Hope Clinic is a non-profit medical and dental clinic in Ypsilanti that provides basic medical and dental services free of charge. They also provide counseling, educational programs, food and basic necessities.

The Michigan Blind Athletic Association sponsors & hosts an annual adaptive sports camp in May at W.M.U. in Kalamazoo for visually impaired youth. They also support national boys and girls goalball teams & events.

Refusals: the AATC reserves the right to decline any runner's application for any reason, with full refund provided.
Elite runners: the AATC may request a USADA drug test for elites & top 3 open & masters finishers after the race.
Mailing address for this form: DxA2 Run c/o Alan Caldwell, 2685 Page Ave., Ann Arbor, MI 48104