

MILLERS MUTUAL HARRISBURG MILE REGISTRATION & RELEASE FORM



**Mail-In Registrations must be received
on or before Friday, July 10, 2009**

**Make checks payable to:
Millers Mutual Harrisburg Mile**

Registration fee must accompany signed registration form.

MAIL TO: Millers Mutual Harrisburg Mile
c/o YMCA
701 N. Front Street
Harrisburg, PA 17101

MILLERS MUTUAL HARRISBURG MILE ENTRY FEES

Early Adult Entry – \$17.00

(entry received on or before Friday, July 10, 2009)

Early Child & Half Pint Half Mile Entry* – \$10.00

(entry received on or before Friday, July 10, 2009)

Regular Adult Entry – \$20.00

(entry received Saturday, July 11, 2009 or later)

Regular Child & Half Pint Half Mile Entry* – \$12.00

(entry received Saturday, July 11, 2009 or later)

** Must be 6 years or younger for Half Pint Half Mile or 12 years or younger for child entry fee.*

Corporate Challenge Team (up to 5 members) – **\$125.00** (entry received on or before Wednesday, July 15, 2009)

Each participant will receive a special limited edition gift to commemorate this special event.

PLEASE CHECK EVENT CATEGORIES:

Just For Fun Mile/Walk Mile Run Elite Mile[^] Half Pint Half Mile Corporate Challenge

[^]Elite event qualifying times: Under 39 years of age Men 4:40/Women 5:30 | Elite qualifying times 40 years of age or older: Men 5:00/Women 6:00

Check the boxes for each category you plan to participate in. Please pay an entry fee for each category you plan to participate in.

TOTAL REGISTRATION FEES \$ _____

INDIVIDUAL REGISTRATION

Name: _____ Age: _____ Sex: Male Female

Address: _____ City: _____

State: _____ Zip: _____

Phone: (_____) _____ Email: _____

In consideration of the acceptance of this entry to the Harrisburg Mile, I waive all claims for myself, my heirs and assigns, and any sponsoring entity against the event sponsors, cooperating and coordinating groups, and any individuals associated with the event, and will hold each and all of them harmless for any and all injuries to myself and others that may result from my participation in the event. I further affirm and attest that I am in proper physical condition to participate in this race. I also give my permission to the media and the event sponsors to use my name, picture, or statements in any newspaper, broadcast, telecast or other account of this event now or in the future, without limitation and obligation to anyone to compensate me further therefore

Individual Participant Signature _____ Date _____ Parent's Signature (Under 18) _____

CORPORATE TEAM REGISTRATION (Up To 5 Team Members)

(Please note: corporate team members should provide their release signature after printing their names)

Company: _____ Corporate Team Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Team Captain Phone: (_____) _____ Team Captain Email: _____

Team Member #1: _____ Release Signature: _____
PRINT NAME

Team Member #2: _____ Release Signature: _____
PRINT NAME

Team Member #3: _____ Release Signature: _____
PRINT NAME

Team Member #4: _____ Release Signature: _____
PRINT NAME

Team Member #5: _____ Release Signature: _____
PRINT NAME

Yes, I'm interested in receiving information about being a sponsor next year!

Questions? Contact the YMCA at 232-9622 or chad.krebs@ymcaharrisburg.com