



NOT YOUR AVERAGE JOE

Banner Ironwood Hospital

October 16, 2010

RUNNER/WALKER #1

First Name _____ Last Name _____

Date of Birth ____/____/____ Gender _____

Address _____

City _____ State _____ Zip Code _____

Email _____@_____ Phone _____

Emergency Contact Person: _____ Emergency Contact Phone () _____

Dri Fit Shirt: (pick one) Men Women (pick one) S M L XL XXL

Are you a member of an EMS group? YES NO If so, please list the name: _____

Are you a member of the military? YES NO If so, please list the branch: _____

***Registration Fees: (must be received by the date listed below)**

Mail Form and Check to: Joe Gibson Memorial Foundation
566 N. Citrus Lane
Gilbert AZ 85234

Race registration \$35.00 through September 17th
Race registration \$40.00 after September 17th

NOT YOUR AVERAGE JOE RACE WAIVER:

In consideration of your acceptance of this race entry I hereby for myself, my heirs, executors, administrators, next of kin, and anyone that may sue on my behalf, I hereby waive, release and forever discharge any and all rights and claims for damages I may have against the sponsors, coordinating groups, and any individuals associated with the event, their representatives, successors, and assigns, and will hold them harmless for any and all injuries suffered in connection with the event. The event organizers, sponsors and race volunteers are not responsible for the loss of personal items at the event. I further grant to event organizers, the right and permission for the free use of my name and pictures in any broadcast, telecast, or electronic and print media for this event. The parent or legal guardian who signs this waiver acknowledges that he or she has the legal capacity and authority to act on behalf of the minor or incapacitated person. In filling out this form, I acknowledge that I have read and fully understand my own liability and do accept the restrictions.

Signature of athlete or guardian (if under 18): _____ Date: _____

