

Alton, Illinois



milesfor meso

Mesothelioma Awareness Day

5K Race & Fun Run Walk Sept. 25th 2010

When & Where

Registration **7:30-8:45 am**

5K **9:00 am**

Award Ceremony **10:30 am**

Corner of Court & 4th Street in Alton.
Less than 30 minutes from St. Louis.
At the new Simmons firm building,
next to Marquette HS.

Entry Fee \$15 before 9/16 \$20 after 9/16 \$25 day of

The top three 5K finishers in both the men's and women's categories will receive
Cash Prizes! \$500-1st place \$250-2nd place \$100-3rd place
benefiting the Meso Foundation

*** info@milesformeso.org 1-877-309-MESO (6376) ***

Application

Name _____

Address _____

Phone number _____

Email address _____

Sex M F Clydesdale (greater than 200 lbs.)

**Clydesdales not eligible for Age Group awards*

Age on Race day _____

Date of Birth _____

Shirt Size YS YM YL OS M L XL XXL

Which event are you participating in?

5K (3.1 miles) 5K Fun Run/Walk

Additional Donation to Meso Foundation Amount _____

If participating in 5K, will you require elite staging at start? _____

Expected Finish Time _____

I acknowledge that a running/walking event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. I HEREBY ASSUME THE RISK OF PARTICIPATING IN THE Miles for Meso Run/Walk. I hereby take action for myself, my executors, administrators, heir, next of kin, successors, and assigns as follows: a) WAIVE, RELEASE, DISCHARGE, AND AGREE NOT TO SUE, from any and all liability for my death, disability, personal injury, property damage, property theft, or action of any kind which may hereafter occur to me as a result of my participation in the aforementioned event. b) The following persons or entities: METRO TRI CLUB, City of Alton, Simmons Browder Gianaris Angelides & Barnerd LLC, race director, event volunteers and all cities, counties, districts in which said event may be staged or in which segments of said event may be run and its (their) officer, directors, employees, representatives, and agents and volunteers. I hereby consent to receive treatment in the event of my injury, accident and/or illness during this event. I agree to allowing my photo, video or film likeness to be used for legitimate purpose by the Metro Tri Club, the event sponsor(s) and/or assigns.

Mail entries to: **Miles for Meso, c/o Metro Tri-Club, P.O. Box 904, Edwardsville, IL 62025**

Signature _____

For more information:



Presented by:

