

2010 Red Eye Relay Registration Form and Merchandise

NAME		CAPTAIN'S NAME	
STREET		TEAM NAME	
CITY/STATE/ZIP		RACE CATEGORY (circle one) Open Men Open Women Open Mixed Open Corporate Ultra Men Ultra Women Ultra Mixed Ultra Master Master Men Master Women Master Mixed Ultra Corporate High School Boys High School Girls High School Mixed Superhuman	
PHONE			
EMAIL			
GENDER	Male Female		
TEAM START TIME			

ITEM		PRICE	QTY	SUB TOTAL
Registration (includes short sleeve technical t-shirt)	Early (thru March 31)	\$45		
	Regular (April 1 thru May 31)	\$50		
	Late (June 1 thru 30)	\$60		
	Last Minute (July 1 thru July 15)	\$75		
Circle one size	YL Small Medium Large XL 2XL	Included Above		
Extra T-Shirt (Same t-shirt as above)	Youth Large	\$15.00		
	Small	\$15.00		
	Medium	\$15.00		
	Large	\$15.00		
	X-Large	\$15.00		
	XX-Large	\$17.00		
Merchandise (limited quantities available)	Finisher Medal	\$9.00		
	Runner's Hat	\$12.00		
	Water Bottle	\$4.00		
	Drawstring Bag	\$6.00		

Waiver
 I know that running a road race, regardless of the distance is a potentially hazardous activity. I should not enter and participate unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete this race, and I further agree that race officials may authorize necessary emergency treatment for me. I understand and acknowledge that the race course will be open to general traffic and I accept all risks associated with participating under these conditions. I hereby agree, for myself and my heirs, assigns, personal representatives, executors and administrators, to waive, release, and forever discharge Red Eye Relay and iRun-Sports, Inc. and its respective directors, officers and employees, volunteers, any and all sponsors, suppliers, Indiana University and its officials, representatives, employees, and trustees acting in their capacity with the university, I.U. Athletics and any other personnel in any way assisting or connected with this event, any rights, claims or demands therefore which I may have or which I may hereafter accrue to me arising out of injury to my person or my property incurred in connection with participation in the Red Eye Relay, July 24th and 25th, 2010, whether such damages are caused by the negligence or carelessness of the part of the persons or parties named in this waiver.

Signature _____ Parent Signature (if under 18) _____ Date _____

**Please return completed forms with checks payable to:
 Red Eye Relay—PO Box 3024—Bloomington, IN 47402—www.redeyrelay.com**