



FREAKIN' FREEZING CHALLENGE



Mount Pleasant, MI - February 9, 2013 - 9:00 am

www.FreakingFreezingChallenge.com

PLEASE SELECT A CATEGORY:

5K Obstacle Course -\$65.00 Check if entering as team Team Name: _____

*Rates start to increase on February 1. Applicants must be postmarked by this date to receive this rate.

First Name: _____ Middle: _____ Last Name: _____

Birth Date: ____/____/____ Gender: ____ Male ____ Female Age: _____

Email: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Shirt Size: X-Small Small Medium Large X-Large 2XL

(All Participants receive a Customized sweatshirt, gloves and ski mask)

ENTRY FEES

\$65.00 until January 31
* \$70 on February 1 & \$90 on February 8
Pay By: Cash Check Credit Card

Credit Card Type:

Visa MC AmEx Discover

Account Number:
____ - ____ - ____ - ____

Expiration Date: ____/____

3 Digit Code: _____

WAIVER AND RELEASE

I know that running in road races is a potentially hazardous activity. I should not enter and run in this race unless I am medically able and properly trained. I assume all risks associated with running in this road race, including, but not limited to: falls, contact with other participants, the effects of weather, including high heat and/or humidity, the conditions of the road and traffic on the course; all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release Adrenaline Sports Management, Articulate Promotions Inc, City of Mount Pleasant, Mount Pleasant Parks and Rec Commission, Mount Pleasant Convention and Visitor's Bureau, USA Track and Field, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in the race even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I also grant my permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

SIGNATURE **X** _____

PARENT OR LEGAL GUARDIAN - FOR PARTICIPANTS UNDER 18 YEARS OF AGE

DATE _____

Complete Entire Form

Mail form and checks payable to:
Adrenaline Sports Management
c/o Freaking Freezing Challenge
770 Industrial Drive Suite A, Cary, IL 60013

Fax: 847-829-4577

CANCELLATION POLICY: Entry fees are non-refundable & entries are non-transferable