

Jim Click 2015 Registration Form

Official Use Only – Bib #: _____

First Name: _____ Last Name: _____

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

Phone: (____) _____ Email: _____

Male: _____ Female: _____ Age: _____ (on 10/3/15)

Event (Select One)

_____ Open 8K Run/Walk _____ 3K Run/Walk

_____ 8K Wheelchair: Para _____ 8K Wheelchair: Quad

Please mail completed form to:

SAR / Jim Click Race

P.O. Box 64215

Tucson, AZ 85728-4215.

Registration through mail must be postmarked no later than 9/25/15.

Entry Fee: Individuals... \$20 (through 9/25) or \$25 (9/26-10/3) or \$50 in collected pledges for free registration. Pledges are tax deductible and can be either mailed to the above address or turned in at packet pickup. SAR members and Active Duty Military receive a \$2 discount if postmarked by 9/25. All complimentary entries expire on 9/26, please pre-register. Race day registration \$30.

I want to make a tax deductible donation \$_____ (Checks payable to: UA/DRC.)

Team Fee: Teams of 8 or more... _____ x \$18 = _____ Total.

Team Name: _____

[Questions? Email: jgsabatine@gmail.com](mailto:jgsabatine@gmail.com) or Phone Hotline: 520-326-9383

Entry fee is nonrefundable and not tax deductible. Race numbers are not transferable. Race will happen rain or shine. Register on line: www.Active.com.

Please read and sign the following race waiver: In submitting this entry, I am intending to be legally bound. On behalf of myself, my heirs, executors, and administrators I hereby waive, release and forever discharge any and all rights and claims which may hereafter occur to me against the Disability Resource Center, The University of Arizona, University of Arizona Foundation, Southern Arizona Roadrunners, Jim Click's Run 'n' Roll, sponsors, directors, and volunteers from any and all claims, injury or actions sustained or suffered in connection with my participation in this event. I hereby grant full permission to all of the above to use my name, likeness and photographs for any publicity and promotional purposes without obligation or liability to me.

Participant (sign): _____ Parent if under 18 years: _____