



Registration Form (please print legibly)

_____		_____		_____		_____	
Last name	First name	Age on September 24, 2005	Birthdate (mo) (day) (yr)				
_____				_____			
Mailing address				Corporate team's company name			
_____				_____			
City				Gender (circle one)		MALE / FEMALE	
_____				_____			
State		Zip		Amount enclosed: \$ _____			
_____				No refunds. Entry fees are not transferable.			
Day phone		Evening phone		T-shirt size: <input type="checkbox"/> Youth <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL			
_____		_____		_____			
E-mail (for race correspondence only)							

Be sure to read and sign the waiver below.

Mail your entry form and check to the address below postmarked by **Saturday, September 17. Make checks payable to Final Stretch and send to:**

Final Stretch
P.O. Box 121
Nerstrand, MN 55053

Entry Fees	Early Registration	Race Day Registration
5K Race	\$17	\$21
1K Fun Run/Walk	\$10	\$13

Waiver

I understand that participating in this event is potentially hazardous, and that I should not enter and participate unless I am medically able and properly trained. In consideration of the acceptance of this entry, I assume full and complete responsibility for any injury or accident which may occur while I am traveling to or from the event, during the event, or while I am on the premises of the event. I also am aware of and assume all risks associated with participating in this event, including but not limited to falls, contact with other participants, effect of weather, traffic, and conditions of the road. I, for myself and my heirs and executors, hereby waive, release and forever discharge the event organizers, sponsors, promoters, representatives, successors and assigns, the Metropolitan Airports Commission and its employees, and all other persons associated with the event, from all liabilities, claims, actions, or damages that I may have against them arising out of or in any way connected with my participation in this event.

_____	_____	_____
Signature	Print Name	Date