



### REGISTRATION FORM

(Please Print)

Today's date:

#### PARTICIPANT INFORMATION

Last name:	First:	Middle:	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Age:	Birth date: / /
------------	--------	---------	---	---	------	--------------------

Street address:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Phone: ( )
-----------------	---	---------------

P.O. Box:	City:	State:	ZIP Code:
-----------	-------	--------	-----------

Email Address:

<b>Fees &amp; Races:</b> \$25.00 registration fee per person applies to all races and is credited towards fundraising efforts.	<input type="checkbox"/> 5K <input type="checkbox"/> 10K <input type="checkbox"/> Half Marathon <input type="checkbox"/> Full Marathon	<input type="checkbox"/> Marathon 2 Person Relay <input type="checkbox"/> Marathon 4 Person Relay	<input type="checkbox"/> Kid's 1/2 Mile <input type="checkbox"/> Kid's 1.2 Mile
---	---	--	--

Note: Registration fees are non-refundable and non-transferable

T-shirt Size:

Adult Sizes

<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> XL	<input type="checkbox"/> 2XL	<input type="checkbox"/> 3XL
--------------------------------	---------------------------------	--------------------------------	-----------------------------	------------------------------	------------------------------

#### PAYMENT INFORMATION

<input type="checkbox"/> Cash/Check Enclosed Check # _____	<input type="checkbox"/> Credit Card			
	<small>Circle One:</small> <table border="1"> <tr> <td>Visa</td> <td>MasterCard</td> <td>Discover</td> </tr> </table>	Visa	MasterCard	Discover
Visa	MasterCard	Discover		
<input type="checkbox"/> Online Confirmation # _____	Card # _____			
	Exp: _____			
	Name (as it appears on card) _____			

#### IN CASE OF EMERGENCY

Emergency Contact Name:	Relationship:	Phone:	Alt. Phone:
		( )	( )

Waiver: In consideration of the acceptance of this entry, I hereby, for myself, my heirs, executors and administrations, wave any and all rights, claims, and damages I have against Project HERO, the sponsors, coordination groups, City of Fargo, Fargo Marathon, Inc., and any individuals associated with the said event. Also, none of the above is responsible for neither the loss of personal items nor aggravation with said event. I also give permission for free use of my name and picture in any broadcast, telecast, or print media account of the event. In filling out this form, I acknowledge I have read and fully understand my own liability and do accept the restrictions. I also understand that all registration fees are non-refundable and non-transferable and the changing of races is prohibited. If you are under 18 years of age you MUST have the signature of your legal guardian to participate in this event. In addition, I agree to raise at least \$250.00 for Project HERO.

_____	_____
Participant/Guardian signature	Date

MAIL Registration form to:  
 Project HERO  
 2204 5th Ave. N. Ste. C – Moorhead, MN 56560