



Please fill out form completely – missing information may delay official entry  
**HERO HALF MARATHON and 10k**  
**Indiana Dunes State Park**  
**Sunday, October 1, 2017**  
 Register online at [www.herohalf.com](http://www.herohalf.com)

<b>First Name:</b>	<b>Last Name:</b>	<b>D.O.B:</b> / /	<b>Age:</b>
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>E-Mail Address:</b>		
<b>Work Phone:</b>	<b>Home Phone:</b>	<b>Shirt Size (Circle one):</b> YL/ S/ M/ L/ XL/ XXL	
<b>Emergency Contact:</b>	<b>Phone:</b>	<b>Medical Problem: (Please Attach)</b>	
<b>Team Name (if applicable):</b>			
<b>Estimated Finish Time</b>			
<b>***Mail completed form to: Lighthouse Events, Attn: Crystal Sands, 9220 Hartwell Drive Evansville, IN 47725</b>			

**1) Please check one below:**

**Half Marathon (13.1 miles)**

- \$75 – Race Registration

**10k (6.2 miles)**

- \$40 – Race Registration

**2) Payment Info:**

- Check or money order Enclosed**
- Visa/Mastercard**

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3 digit security code \_\_\_\_\_  
 Name on Card \_\_\_\_\_ Billing Street Address \_\_\_\_\_ Zip \_\_\_\_\_

**3) SIGNED WAIVER**

The HERO HALF MARATHON and 10K, presented by Lighthouse Events and Marketing LLC (hereinafter “Event”) WAIVER-REQUIRED (if UNDER 18 years of age your Parent or Legal Guardian must also read and agree to this Waiver and Release) I have read the HERO HALF MARATHON and 10K website details completely and understand the policies of the Event. I agree to be legally bound by the terms of this Waiver and Release. I know that participating in the Event is a potentially hazardous activity that may result in injury or death to me, injury or death to others or damage to my property from known and unknown or unanticipated risks. I am fully aware that I should not participate in the Event unless I am emotionally, medically and physically able to do so, and it is my sole responsibility to determine if I am emotionally, medically and physically able to participate in the Event. I understand the nature of the Event and I ASSUME ALL RISKS associated with my voluntary participation in the Event including, but not limited to, falls, injuries, contact with other participants, contact with wheelchairs or guide animals, the effects of the weather, including extreme temperatures and precipitation, vehicular traffic, pedestrian traffic, contact with or interaction with Event observers, attendees or news media. Knowing these facts, I, for myself, heirs, executors, administrators or anyone else who might make a claim on my behalf, COVENANT NOT TO SUE, WAIVE ALL CLAIMS AGAINST, AND FULLY RELEASE AND DISCHARGE Lighthouse Events and Marketing LLC any and all sponsors affiliated with this event, Event participants, officials, workers, volunteers, and any and all officers, directors, employees and other representatives of any of the foregoing, and any successors or assigns of the foregoing (collectively, the “Releasees”) for ANY AND ALL claims or liability, including without limitation the sole of contributory negligence of any or all the Releasees, whether foreseen or unforeseen, for death, personal injury (whether temporary or permanent), mental or emotional injury, invasion of privacy or property damage arising out of, or in the course of, my participation in the Event. I understand and agree that information about me, including information on this form, may be provided to third parties for any legitimate purpose, including commercial marketing purposes. I further grant full permission to Lighthouse Events and Marketing and the Releasees, and/or agents authorized by them, to use any photographs, video tapes, audio recordings, motion pictures, or other record of the Events which contain my name, picture and or likeness for any reasonable purpose without any notice or compensation to me.

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Legal Guardian (if participant is under 18): \_\_\_\_\_ Date: \_\_\_\_\_