

# ENTRY FORM

(Print clearly)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Graduation year: \_\_\_\_\_

(if APSU graduate)

In consideration of the acceptance of this entry form, I, the undersigned, intending to be legally bound, do hereby for myself, my heirs, executors, administrator and assigns, knowingly and willingly waive any and all rights and claims for damages I may have against the person or entities connected with the APSUNAA 5K, APSU, including sponsors, contributors, race officials, and I release and hold them harmless from liability for any and all injuries sustained in this event. I also certify that I am physically conditioned to compete in this event.

Signed: \_\_\_\_\_

Signature of parent or guardian required for children under the age of 18.

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

**Make non-refundable check payable to APSUNAA.**

- Send checks and entry form to  
APSU National Alumni Association  
Box 4676  
Clarksville, TN 37044

Amount enclosed \$ \_\_\_\_\_

\$25 Preregistration      \$30 Race Day

Check one: Male \_\_\_\_\_ Female \_\_\_\_\_

Check one:            APSU alumnus/a \_\_\_\_\_  
                              faculty/staff            \_\_\_\_\_  
                              student                    \_\_\_\_\_

Age (10/29/11) \_\_\_\_\_ Birth date: \_\_\_\_\_

T-shirt size (circle) adult      S   M   L   XL   XXL

Selected T-shirt size guaranteed with receipt of paid registration no later than 4 p.m., Friday, Oct. 7.