



**4th Annual
Kickin 1/2 Marathon and 10K
Saturday, September 11, 2010 at 8:00 a.m.
Great Falls, Montana**

Register to be a part of the fun! The same route as always – fast, flat and beginner friendly. Great support along the way. Each 1/2 marathoner receives a very nice gym bag and 10k runners receive a tech t-shirt. WALKERS ARE WELCOME. There is a 4-hour time limit to the half marathon.

Packet pickup will be September 10 from 3 until 7 p.m. and again the morning of the event from 6:30 a.m. until 7:45 a.m. at the FWP Headquarters on Giant Springs Road.

A portion of this year's proceeds will again benefit the River's Edge Trail as well as support Race Montana.

Name _____ **Male/Female**

Address _____

City/State/Zip _____ **DOB:** _____

Phone _____ **Email** _____

- Half Marathon \$45 or \$50 after August 15 (entrants receive a gym bag)
- 10k \$20 or \$25 after August 15
- Shirt size S M L XL

If you would like to donate extra to the River's Edge Trail, indicate amount here: _____

WAIVER AND RELEASE OF LIABILITY: (PLEASE READ CAREFULLY)

In consideration of my entry in the Kickin' 1/2 Marathon on September 11, 2010, I, intending to be legally bound, do hereby for myself, my heirs, executors, and administrators forever waive and release any and all claims, demands, liability, damages, costs and expenses of any kind whatsoever (including personal injuries to me or my wrongful death) against Assphalt Kicker's Running Club, Race Montana and affiliates, Syd Rogers, Gold's Gym, Fish, Wildlife and Parks, City of Great Falls, River's Edge Trail, sponsors, volunteers, contractors, or subcontractors which may arise from my participation in the event. I understand and agree that medical or other services rendered to me by or at the insistence of any of the above parties is not an admission of liability to provide or continue to provide any such services and is not a waiver by any said parties of any right hereunder. I will assume my own medical and emergency expenses in the event of an accident or other incapacity or injury resulting from or occurring from my participation. As part of the waiver, I acknowledge that I have read and understand all of the above and, in consideration of this being an amateur event, I release the rights to any and all photographic material, motion pictures, videotape, recording, computer information and/or any other record organizers may wish to release for this event without obligation from me.

ALL ENTRANTS MUST READ AND SIGN WAIVER (If entrant is under 18, parent or guardian must sign waiver)

Signature _____ **Date** _____

For information contact Syd Rogers at 590-7937.

Make checks payable to Syd Rogers, 1918 W 8th Lane NW, Choteau, MT 59422 sydrogers@hotmail.com