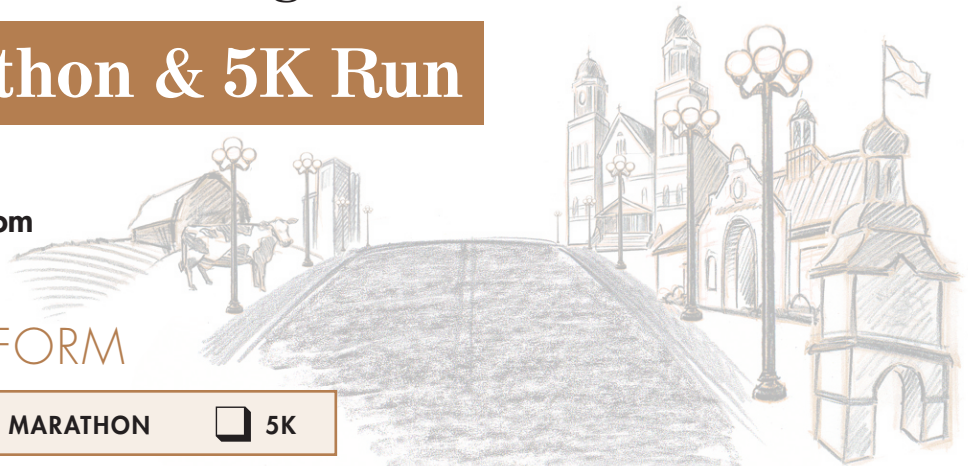


25th Annual New Prague

Half Marathon & 5K Run

May 8, 2010

www.runnewprague.com



REGISTRATION FORM

RACE ENTERED 1/2 MARATHON 5K

Last Name _____ First Name _____ Age On _____ Sex M F
 Birth Date _____ Area Code _____ Telephone _____ Shirt Size (adult) XS S M L XL 2XL
 Street Address (include apartment number and/or c/o) _____
 City _____ State _____ Zip/Postal Code _____
 Email Address _____

WAIVER. Knowing that running a race is a potentially hazardous activity, I enter and run this race certifying that I am medically able and properly trained. I also know that, although police protection will be provided, there may be traffic on the course route. I assume the risk of running in traffic. I also assume any and all other risks associated with running this event including but not limited to falls, contact with other participants, the effects of weather, including high heat and/or humidity, and the condition of the roads.

Knowing these facts, and in consideration of your acceptance of my entry, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release, and discharge New Prague 1/2 Marathon & 5K, the counties, cities and villages in which the race is conducted, any other organization associated with the race, race officials, volunteers, any and all sponsors including their agents, employees, assigns or anyone acting for or on their behalf, from any and all claims or liability for death, personal injury, or property damage of any kind or nature arising out of, or in the course of, my participation in this event. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

The undersigned further grants full permission to the race and any organization conducting the race and/or agents authorized by them to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any purpose.

I have read the foregoing and certify my agreement by my signature below.

Signature (by parent or guardian if participant is under 18): _____

MAIL ENTRY FORM WITH FEE TO:

New Prague 1/2 Marathon, PO Box 191, New Prague, MN 56071

Make check payable to New Prague 1/2 Marathon.

ENTRY FEE

Half Marathon—\$30 until May 5;
 \$50 for Same Day Registration
 5K—\$20 until May 5
 \$30 for Same Day Registration

Half Marathon Principal Sponsor:

