



**Sankt Nikolaus 5K Lauf Entry Form**

**December 4, 2010 – 9:30 a.m. @ Athenaeum/Das Deutsche Haus 401 E. Michigan Street**

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_  
\*Date of Birth: \_\_\_\_\_ \*Sex: M F  
\*Address: \_\_\_\_\_ \*City, State, Zip: \_\_\_\_\_  
\*Email Address: \_\_\_\_\_  
\*Shirt Size: YS M L XL Age on 12/4/2010: \_\_\_\_\_

**Would you like to become a member of Indiana German Heritage Society for free? Y or N**

**WAIVER, RELEASE, COVENANT NOT TO SUE AND DISCHARGE**

I have read all information and understand the description of the event. I know that running and walking a road race can be a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete this event. I also know that while police protection will be provided, there may still be traffic on the course. I assume all risks associated with my voluntary participation in this event, including, but not limited to, falls, contact with other participants, effects of the weather, including extreme cold, ice, snow, heat, traffic, and all conditions of the road, all such risks to be known and appreciated by me. I attest and verify that I have full knowledge of the risks involved in this event, and I am physically fit and sufficiently trained to participate. Knowing these facts, and in consideration of your accepting my entry, I for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue and waive, release, and discharge the Sankt Nikolaus Lauf LLC, the Athenaeum Foundation, Inc., the Indiana German Heritage Society, Inc., Marion County Sheriff's Department, Indianapolis Police Department, Runners Forum of Carmel, Inc., The End Result Co., Inc., City of Indianapolis, race officials, workers or volunteers, their representatives, successors, or assigns from ANY AND ALL claims or liability, whether foreseen or unforeseen, including for death, personal injury or property damage, arising out of, or in the course of, my participation in this event.

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

Parent Signature if under 18 years: \_\_\_\_\_ Date: \_\_\_\_\_

Make checks payable to Sankt Nikolaus Lauf, LLC & mail to 401 E. Michigan Street, Indianapolis, IN 46204