

# NUN RUN REGISTRATION FORM - March 20, 2021

**PERSONAL INFORMATION** (One form per participant please) *Please print*

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

T-Shirt Size (All men's cut): S M L XL XXL Youth YS YM YL



**Please check which event you are registering for:**

10K \_\_\_\_\_ 5K \_\_\_\_\_ 1 mile \_\_\_\_\_ Prayer Walk \_\_\_\_\_ "Prayer Walk" -you participate however you are able.

**Would you like your registration to count toward either your Parish or School?** \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Parish/School with 12 or more registrations will have their name on the t shirt)

Parish Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
*Please be specific. Example: Little Flower Parish, Canton, Ohio*

Or  
School: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
*Please be specific. Example: Our Lady of Mount Carmel, Tempe, AZ*

**COST**

\$30 Prior to Midnight Feb. 21 \$35 Prior to 6:00 p.m. March 19

Please make checks payable to **Our Lady of Solitude** and remit to:  
**Four Peaks Racing, PO Box 74545, Phoenix, AZ 85087**

In submitting this entry, I, intending to be legally bound for myself, my heirs, executors, and administrators waive, release and forever discharge any and all rights and claims for damages I have or may have against the organizers of this event, its principals, its employees, its volunteers, all sponsors and their representatives for any and all claims and damages, demands actions whatsoever in any manner, as a result of my participation in The Nun Run, including travel to and from the event. I hereby consent to medical treatment in the event of injury, accident and/or illness during the event. I hereby grant full permission to any and all of the foregoing to use my name and likeness in any broadcast, telecast, video or print media reporting or advertising of the event without compensation. If you are under 18, a parent or legal guardian must sign this form.

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE (Guardian to sign if under 18) \_\_\_\_\_