Volunteer Rewards Program

To use your reward miles, please fill out the form below.

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

DATE OF BIRTH ___/___/___ AGE (as of race day for your selected event) _____ GENDER ☐ MALE ☐ FEMALE

SHIRT SIZE ☐ SMALL ☐ MEDIUM ☐ LARGE ☐ XL ☐ XXL

Pace Per Mile: _____

Choose your event:

	Saturday, April 8, 2017	Sunday, April 9, 2017
GO! St. Louis Marathon & Family Fitness Weekend **April 8 & 9, 2017** (Processing Deadline: March 15, 2017)	☐ 5K	☐ Marathon ☐ Half ☐ 7K
GO! St. Louis All-American 5k & Fun Run **June 18, 2017** (Processing Deadline: May 26, 2017)	☐ 5k ☐ 1-Mile Fun Run	
The Great GO! St. Louis Halloween Race **October 22, 2017** (Processing Deadline: September 30, 2017)	☐ Half ☐ 10K ☐ 5K	

Or choose your merchandise:

☐ Long Sleeve Tech Shirt ☐ Short Sleeve Tech Shirt ☐ Running Hat

Please provide us with a contact phone number in case of questions with your registration:

___-___-____

☐ I verify that I have enough reward miles for the event/item for which I registered.

WAIVER: In consideration of your accepting of this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the City of St. Louis, GO! St. Louis, or any sponsor or contributor to this event and their representatives, successors, and assigns for any and all claims or liability of any kind arising out of my training for and/or participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I agree to abide by any decision of a race official relative to my ability to safely complete this run. I assume all risks associated with running in the events for which I have registered using this form, including but not limited to falls, contact with other participants, the effects of the weather, traffic and the conditions of the road. I attest and verify that I will participate in this event as a footrace entrant, that I am physically fit and sufficiently trained for the completion of this event. My physical condition has been verified by a licensed Medical Doctor. I acknowledge that the entry fee paid is non-refundable and non-transferable. Further, I hereby grant full permission to any and all of the aforementioned parties to use my name, likeness and voice, as well as any photographs, videotapes, motion pictures, recordings, or any other record of this event in which I may appear for any legitimate purpose.

_____

Signature Date