

Official Use Only	
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# Fitness N Motion™

**(Male)**  
**\$250 Grand Prize**

## ENTRY FORM

**(Female)**  
**\$250 Grand Prize**

**Entry fee:** \$20 (Early Registration)  
\$25 (On-Site & All Registration after March 13, 2010)

- 1) **Name** (Last, First, M.I.) \_\_\_\_\_
- 2) **Email Address** (**IMPORTANT** to receive race updates and other race information) \_\_\_\_\_
- 3) **Street Address** \_\_\_\_\_
- 4) **City** \_\_\_\_\_ 5) **State** \_\_\_\_\_ 6) **Zip** \_\_\_\_\_
- 7) **Phone** (\_\_\_\_\_) \_\_\_\_\_ 8) **Age** \_\_\_\_\_ 9) **Gender** \_\_\_\_\_

**Make checks payable to Ambassador Fitness. Submit entry forms along with payment to Delta Sigma Theta Sorority, Inc., P.O. Box 11024, Birmingham, AL 35202 and must be postmarked by March 13, 2010.**

Each participant will receive official race paraphernalia and a morning of fitness, food, and FUN!!!

**RACE AGREEMENT & LIABILITY WAIVER:** I know that participating in a road race is a potentially hazardous activity and that I should not enter and participate unless I am medically able and properly trained. I assume all risks associated with my participation in this event, including but not limited to falls, contact with other participants, the effects of weather, including high heat and/or humidity, traffic and the conditions of the road. All such risks are known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and do hereby release Jefferson County Alumnae Chapter, Delta Sigma Theta Sorority, Inc., Ambassador Fitness, The Birmingham Track Club, the City of Birmingham, and all volunteers, sponsors, their representatives and successors from all claims in liabilities of any kind arising out of my participation in this event. I consent permission to all of the foregoing to use any photographs, motion picture recordings or any other record of this event for any legitimate purpose.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_  
(if participant is under 18)