



Mail completed entry
with payment to:

ARIZONA ROAD RACERS
14417 N. Interlacken Dr.
Phoenix, AZ 85022

EVENT: _____

DISTANCE: _____

LAST NAME

FIRST NAME

STREET ADDRESS

APT #

CITY

STATE

ZIP

PHONE

E-MAIL

AGE (RACE DAY)

BIRTH DATE (MM/DD/YY)

GENDER (CIRCLE ONE)

MALE

FEMALE

SHIRT SIZE

MALE

NONE

X-SMALL

SMALL

MEDIUM

FEMALE

LARGE

X-LARGE

XX-LARGE

(ADD \$1.00)

How did you hear about this race?

Friend

Facebook

arizonaroadracers.com

Other

RELEASE FORM (MANDATORY) ALL APPLICATIONS MUST BE SIGNED TO ENTER THIS EVENT. NO TRANSFERS. NO REFUNDS.

I understand that participation in this Arizona Road Racers event involves physical exertion in potentially challenging conditions. I agree that Arizona Road Racers, including the Arizona Road Racers Board of Directors, employees, volunteers, agents, and anyone associated with the event will not be liable to me or anyone associated with me for any loss, damage, injury or death related to this event. I know there is risk inherent in this participating in this event, and I willingly accept the possibility that I may suffer a loss, damage, or injury. I further understand that it is my responsibility to know and obey all laws and to ensure my own safety. I am physically fit and able to participate in the event.

I grant permission to Arizona Road Racers to use any photographs, videos, motion pictures, recordings, statements or any other record of this event for any legitimate purpose without paying me.

(If you are under age 18, a parent or guardian must sign this agreement for you.)

PARTICIPANT'S SIGNATURE (OR PARENT/GUARDIAN IF UNDER 18 YEARS OF AGE)

DATE

FOR OFFICE USE ONLY

AMOUNT: \$ _____

PAYMENT TYPE

CASH _____

CHECK _____

RACE
VOUCHER _____

ARR BUCKS _____