

7th Annual



Boston Scientific
HEART of summer
5k and 10k

Saturday, July 24, 2010
Lake Nokomis, Minneapolis, MN

2010 Registration Form

First Name Last Name

Birth Date Phone Number Age (on race day)

Street Address (include apartment number and or c/o)

City State Zip Code

Email Address (required for email confirmation) Gender Male Female

CHECK ONE	Early Registration (Before June 30) <input type="checkbox"/> 5K (\$25) <input type="checkbox"/> 10K (\$30)	After June 30 <input type="checkbox"/> 5K (\$30) <input type="checkbox"/> 10K (\$35)	Race Day Registration <input type="checkbox"/> 5K (\$30) NO 10K RACE DAY REGISTRATION
	<input type="checkbox"/> I am a heart disease survivor	Kid's Run <input type="checkbox"/> \$10	Total Enclosed <input style="width: 100px;" type="text"/>

Team Challenge Name

WAIVER:

I know that running/walking is a potentially hazardous activity. I agree not to enter and run/walk unless I am medically able and properly trained. I agree to abide by any decision of any event organizer relative to my ability to safely complete the run/walk. I assume all risks associated with running/walking in this event including, but not limited to: falls, contact with other participants, the effects of the weather, and conditions of the course, all risks being 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 release Boston Scientific Corporation, Runner's Soul Running Club, the City of Minneapolis, all volunteers and all sponsors, their representatives and successors, from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons and entities named in this waiver and /or their employees, agents representatives, licensees or invitees. I grant permission to all the foregoing to use my name, likeness and identity in any photographs, motion pictures, recordings or any other record of this event in perpetuity, throughout the world, in any media now known or developed later for any legitimate promotional purpose.

Signature Date

Print out this entry form and mail it with the appropriate entry fee prior to July 14. Your cancelled check is proof of registration. Email confirmations will be sent if your email address is provided. Bring form to race for race day registration.

MAIL ENTRY TO:

Boston Scientific Heart of Summer 5K and 10K
13760 Fleetwood Avenue
Apple Valley, MN 55124

**Make check payable to:
Runner's Soul Running Club**