

# 2010 TEAM SALUTE APPLICATION HOSPITAL HILL RUN – KANSAS CITY, MO

Mail to: SALUTE, INC., P.O. Box 236 Prospect Heights, IL 60070  
Email to: [teamsalute@yahoo.com](mailto:teamsalute@yahoo.com) Fax : 847-359-8818



## REQUIREMENTS:

- **Step One:** Complete this application and return to address (mail, email or fax) above.
- **Step Two:** Register for the race at [www.hospitalhillrun.com](http://www.hospitalhillrun.com)
- **Step Three:** Agree to raise the minimum indicated below.

## INCENTIVES:

- Commit to raise the minimum indicated below and receive a Team Salute technical shirt or singlet.
- Raise \$750 and receive a TEAM SALUTE runner's hat.
- Raise \$1500 and receive a TEAM SALUTE runner's bag.
- Raise \$5000 and receive a limited edition TEAM SALUTE Running Jacket.



NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MALE

S M L XL XXL

TECH SHIRT OR SINGLET (CIRCLE SIZE & SHIRT OPTION)

FEMALE

XS S M L XL

TECH SHIRT OR SINGLET (CIRCLE SIZE & SHIRT OPTION)

5k Run \_\_\_\_\_ minimum \$100      10k Run \_\_\_\_\_ minimum \$200      Half-Marathon \_\_\_\_\_ minimum \$300

*I agree that if I do not raise the minimum indicated above by the date of my event for TEAM SALUTE, then SALUTE, INC. is authorized to charge my credit card listed below. \_\_\_\_\_ (initials)*

*In the event that I am injured or unable to participate in my event, I agree that I will fulfill my commitment to raise the minimum indicated above by the date of my event for TEAM SALUTE, or SALUTE, INC. is authorized to charge my credit card listed below. \_\_\_\_\_ (initials)*

Check one:

M/C    Visa    Amex

Credit Card #

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

SIGNATURE: \_\_\_\_\_ Exp Date \_\_\_\_ / \_\_\_\_ V Code \_\_\_\_\_ (3 or 4 digit code on back)

## WAIVER

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity that I may sustain as a result of said participation. I further agree to waive and relinquish all claims I may be entitled to (or accrue to me) as a result of participating in these programs/activities against: Salute, Inc., including its officials, agents, volunteers and employees. I do hereby fully release and forever discharge Salute, Inc. from any and all claims for injuries, damage or loss that I may have or which may accrue to me and rising out of, connected with, or in anyway associated with these activities. Participants registering hereby permit the taking of photographs, audio, or video taping during the Salute, Inc. activities for publication and use as Salute, Inc. deems appropriate. ***I HAVE READ AND FULLY UNDERSTAND THE ABOVE AND WAIVE AND RELEASE ALL CLAIMS:***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_