The Times-Picayune

CRESCENT CITY CLASSIC

APRIL 3, 2010, 8:30 AM

(Please Print Clearly)

____
Assigned Race Number

_ _
Name (First Name then Last Name)

_ _
Address (Street and Apt. Number -or- PO Box Number)

_ _
City State U.S. Zipcode

Sex: M F _ _/_ _/_ _ Date of Birth Age: _ _ (on Race Day) _ _ : _ _ HR MIN Estimated 10K Time

Shirt Size: S M L XL XX _ _ _/_ _ _-_ _ _ _ Area Code Telephone Number

E-Mail: (Optional) _

If you are 12 or younger, please do not supply your email. We may wish to email you offers that we believe would interest to you, from us or carefully screened parties. Check here ______, if you do not want to receive such offers.

Race Entry Fee: By 1/1/10: $20.00 By 3/15/10: $25.00 After 3/15/10: $30.00

Poster Edition	**Each**	**Quantity**	**Total**
GALLERY Edition (Total: 4,000) *	$56.00		
COLLECTOR Edition (Total: 2,000) *	$86.00		
Collector's Scoring Chip (Pickup @ Expo)	$5.00	Each	
* Shipping & Handling included	Race Entry Fee		
Checks Payable to: Crescent City Classic P.O. Box 13587 New Orleans, LA 70185	TOTAL PAYMENT		

Registrations must be RECEIVED by March 25, 2009 to be accepted!

I know that running a road race is a potentially hazardous activity that might cause personal injury or even death. I attest and verify that I am medically able and properly trained to enter and complete this event. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with participating in this event including, but not limited to, falls, contact with other participants, the effects of weather (including high temperature / humidity), traffic and the conditions of the roads & bridges, all such risks being known and appreciated by me. Having read this, and in consideration for accepting this entry, the undersigned and anyone acting on my behalf, intending to be legally bound, hereby waive and release the City of New Orleans, Crescent City Fitness, Inc., City Park, the Crescent City Fitness Foundation, Inc. and the event directors, all sponsors and volunteers from all claims or damages I may have as a result of participating in this event. I understand all entries are final, with no refunds, and that the race directors reserve the right in the event of an emergency or local/national disaster to cancel the race or to change the day and/or time to a later date and that in the event of cancellation there is no refund of entry fees. Further, I hereby grant full permission to any and all of the foregoing to use any photograph, videotape, motion pictures, recordings or any other record of my participation in this event for any legitimate purpose.

Signature ____ Date ________________
Parent or legal guardian's signature, if under 18

PLEASE NOTE: ALL FORMS MUST BE SIGNED