



Traverse City Film Festival

# TCFF COSTUME 5K

## Saturday, August 1, 2009

### REGISTRATION FORM

**Pre-Registration**  
\$20 per person  
\$60 family (up to 4)

**Race Day Registration**  
\$25 per person  
\$75 family (up to 4)



#### **PRIZES FOR WINNERS AND BEST COSTUMES!**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State & Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Sex (circle one) M F      Age on 8/1/09 \_\_\_\_\_      Birthdate \_\_ / \_\_ / \_\_

#### **FAMILY MEMBER #2**

Name \_\_\_\_\_

Sex (circle one) M F      Age on 8/1/09 \_\_\_\_\_      Birthdate \_\_ / \_\_ / \_\_

#### **FAMILY MEMBER #3**

Name \_\_\_\_\_

Sex (circle one) M F      Age on 8/1/09 \_\_\_\_\_      Birthdate \_\_ / \_\_ / \_\_

#### **FAMILY MEMBER #4**

Name \_\_\_\_\_

Sex (circle one) M F      Age on 8/1/09 \_\_\_\_\_      Birthdate \_\_ / \_\_ / \_\_

**PAYMENT • SORRY, NO REFUNDS • Checks payable to Traverse City Film Festival**  
Credit Card (circle one)    Visa    Master Card    Discover    Amex

Credit Card Number \_\_\_\_\_ Name on Card \_\_\_\_\_ Exp Date \_\_\_\_\_ Sec Code \_\_\_\_\_

TCFF, PO Box 4064, Traverse City MI 49685 \* [www.traverscityfilmfest.org](http://www.traverscityfilmfest.org) \* Fax 231-929-4263  
Email [5k@traverscityfilmfestival.org](mailto:5k@traverscityfilmfestival.org) \* Phone 231-392-1134 \* Proceeds to TCFF, a 501(C)(3) Organization

**WAIVER:** I know that participating in this run is potentially hazardous. I should not enter unless I am medically able and properly trained. I also assume any and all risks associated with this event including but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and the condition of the roads and traffic, all such risks being known and appreciated by me. Knowing these facts, and in consideration of your accepting my entry, I hereby, for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge of the Traverse City Film Festival. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

Participant's Name (18 years or older, or Parent or Guardian) \_\_\_\_\_ Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_