



2008 TRIPLE CROWN REGISTRATION FORM

Race Dates

Deer Creek Classic
March 1st

Beacon on the Bay
March 8th

St. Paddy's Race
March 15th

Mail to: Lynn Health Science Institute
ATTN: Kathi McDavid
3555 NW 58th, Suite 800
Oklahoma City, OK, 73112

Mail no later than February 25th -or- register in person at the special Triple Crown registration desk at the Deer Creek Classic on March 1st prior to Creek Classic 5k and 10k race start.

MALE FEMALE

Age on March 1st

NAME (Print VERY Clearly)

Mailing Address

City, State, Zip Code

Home Phone Number

Cell Phone

Your Race (event) Options and Cost for the Triple Crown are as follows: \$50.⁰⁰

- - - *Deer Creek* (March 1st) ► 5k -OR- 10k;
- - - *Panera* (March 8th) ► 5k -OR- 25k;
- - - *St. Paddy's Great Race* (March 15th) ► 8k

*Deer Creek 5k, Panera 25k, and
Great Race 8k - - - OKC Series Races*

NOTE: Because we are using chip timing, entrants may run either the Deer Creek 5K or 10K, and either the Panera 5K or 25K, as they wish. Entrants can also decide right up to start time which choice to make. No additional paperwork/registration is required.

► Triple Crown entrants receive a special Triple Crown Shirt. Circle one: **S** **M** **L** **XL**

In consideration of the foregoing, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive and release any and all rights, claims and courses of action I have or may have against The OKC Running Club, Beacon on the Bay Run, Lynn Health Science Institute, Deer Creek Classic, Deer Creek Schools, Deer Creek PTO, the ENDURO Group, DG Productions and its affiliates, their agents, employees, officers, directors, successors and assigns, the City of Oklahoma City, the Parks Department, and any and all sponsors, their representatives and successors, that may arise as a result of my participation in the Deer Creek Classic, The Beacon on the Bay Run, or The Great Race of the Great Plains. I attest and verify I am physically fit and have sufficiently trained for the completion of these events and my physical condition has been verified by a licensed medical doctor. I understand that I am responsible for the return of any rental ChampionChip and agree to pay the replacement fee of \$35 if I fail to return it. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings, or any other record of these events for any legitimate purpose including commercial advertising.

X _____

Signature (Parent or Guardian if under 18)

_____ Date