

# Event:

(Please print clearly)

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Last Name            | First Name           | MI                   | M                    | F                    | Birthdate            | Age                  | Shirt Size           |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address              |                      |                      |                      |                      |                      |                      |                      |
| <input type="text"/> |                      |                      |                      |                      |                      |                      |                      |
| City                 |                      |                      |                      |                      | State                | Zip                  |                      |
| <input type="text"/> |                      |                      |                      |                      | <input type="text"/> | <input type="text"/> |                      |
| Day Phone            |                      |                      | Evening Phone        |                      |                      |                      |                      |
| <input type="text"/> |                      |                      | <input type="text"/> |                      |                      |                      |                      |
| Email                |                      |                      |                      |                      |                      |                      |                      |
| <input type="text"/> |                      |                      |                      |                      |                      |                      |                      |
| Emergency Contact    |                      |                      |                      | Emergency Phone      |                      |                      |                      |
| <input type="text"/> |                      |                      |                      | <input type="text"/> |                      |                      |                      |

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|----------------------|
| <u>CATEGORY</u>      |
| <br><br><br><br><br> |

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| <u>HOW DID YOU HEAR ABOUT THIS EVENT?</u> |
| <br><br><br><br><br>                      |

| PAYMENT  |  |
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| Make check or money order to: Buttar Inc.                          |  |
| Mail with completed entry form to 3901 Ibis Dr., Orlando, FL 32803 |  |
| Check  | <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> DS <input type="checkbox"/> Expiration <input type="text"/> |
| CC Number  |  |
| <input type="text"/>   |  |
| Race Information   | Amount Enclosed  |
| (888) 281-0533   | \$ <input type="text"/>  |
| <u>Official Use Only</u>   | Register Online at <a href="http://www.buttar.com">www.buttar.com</a>  |
| <b>BIB #:</b>  | NO REFUNDS OR TRANSFERS.   |
| <b>TRANSPONDER ID:</b>   | T-SHIRTS NOT GUARANTEED ON RACE DAY.   |
|  | Envelope postmark must fall on or before entry fee deadline or additional fees may be required at packet pickup.                               |

INCOMPLETE OR UNSIGNED ENTRY FORMS WILL NOT BE ACCEPTED. In consideration of my entry being accepted, I intend to be legally bound, and do hereby, for myself, my heirs, executors, waive and release all rights and claims for damages which may hereinafter accrue to me against Buttar.com or Buttar Inc., any of the above mentioned races and their sponsors upon which I am entering, any subsidiary or political division thereof, of their respective officers, agents, directors, representatives, successors, assigns, and sponsors for any and all damages or injuries which may be sustained and suffered by me in connection with my association with entry or participation in the event as is mentioned above. If I should suffer injury or illness I authorize officials of the race to use their discretion to have me transported to a medical facility, and I take full responsibility for these actions. I attest and certify that I am physically fit and have sufficiently trained for the completion of this event. I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, motion pictures recordings or any other record of this event for any purpose. Baby strollers/joggers, dogs, inline/roller skates, headphones are prohibited. I HAVE READ THE ABOVE RELEASE AND UNDERSTAND THAT I AM ENTERING THIS EVENT AT MY OWN RISK.

Signature (if under 18, parents signature is required.)Date