

**HIT THE TRAILS**  
**Run/Walk 2/5K**  
**Saturday, October 6, 2018 -- 10:00 am**

**Race Location:** Trailside Elementary Playground and through the trails behind school - Onsite  
Registration begins at 9am in the School lobby. Fee increases with day-of registration.

**Bib Pick-up:** Trailside Elementary – Fri., 10/5: 3:45-5:30p.m. or Sat. 10/6: 9-9:45a.m.

**Entry Cost information:** Pre-registration by October 6 - **Kids \$10 – Adults \$15**  
**DAY of RACE PRICE - Kids \$20 – Adults \$25**

**Make Checks to:** Trailside PTA and send into school or fill out the credit card form on the back for payment.

**Website:** Available online at [www.runsignup.com](http://www.runsignup.com)

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**HIT the TRAILS Registration FORM**  
**1 Registration per person**  
**PLEASE PRINT LEGIBLY**

**Circle Race Choice: 2K or 5K**

First \_\_\_\_\_ Last Name \_\_\_\_\_  
Email Address \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Gender: Male or Female – Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_  
Name of affiliation or School \_\_\_\_\_

**Waiver (MUST BE SIGNED)**

In consideration of you accepting this entry, I, the participant, intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against the Event Director, RunSignUp.com, and all of their agents assisting with the event, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above waiver.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian if under 18 \_\_\_\_\_

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**HIT the TRAILS Tek-Shirt Order Form**  
**Order by 9/24 AM to Receive at Bib Pick-up**  
**Late orders accepted thru FRIDAY, OCT 12 for later delivery**

**Tek-Long Sleeve Neon Pink T-shirts (Unisex) Available for \$20 – Check all that apply**

Youth S       Youth M       Youth L  
 Adult S       Adult M       Adult L       Adult XL       Adult XXL



**Payment Info**  
**On Back**



Trailside Elementary PTA  
5151 Abbott Road  
Anchorage, AK 99507

**ONE PAYMENT SHEET Per FAMILY**

To redeem a PTA coupon for free entry using this form, write code(s) below and deduct one entry fee per code from TOTAL. If you have not received your code(s), but have signed up at the \$100 membership level or higher, email [trailsideptatreasurer@gmail.com](mailto:trailsideptatreasurer@gmail.com).

Join Trailside PTA at [trailside.myschoolcentral.com](http://trailside.myschoolcentral.com)

**Send in Form with payment: Checks made payable to Trailside PTA or Use Credit Card Payment form on Back – or fax if credit card to the school 907-742-5511 or go online to <https://runsignup.com/Race/Store/AK/Anchorage/HittheTrails>**

**A notice will be sent when shirts are ready for pickup and can use interschool mail for ASD students.**

QTY	TYPE	TOTAL
	<b>KIDS (1-12: \$10ea)</b>	<b>\$</b>
	<b>ADULTS (&gt;13: \$15ea)</b>	<b>\$</b>
	<b>Tec T-shirt (\$20ea)</b>	<b>\$</b>
	<b>Subtotal</b>	<b>\$</b>
<b>Coupon(s)</b>		<b>-</b>
	<b>TOTAL</b>	<b>\$</b>

**Please List all registrants associated with this Credit charge.**

**One Time Credit Card Payment Authorization Form**

Sign and complete this form to authorize **Trailside PTA** to make a one-time debit to your credit card listed below. By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

**Please complete the information below:**

I \_\_\_\_\_ (full name) authorize **Trailside PTA** to charge my credit card account indicated below for \_\_\_\_\_ (amount) on or after \_\_\_\_\_ (date). This payment is for

The Hit the Trails 2K/5K Race.  
(description of goods/services)

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type:  Visa     MasterCard     AMEX     Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code/CVV \_\_\_\_\_ Billing ZIP Code \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

**No refunds will be issued for any reason**