

1. First name: _____ Last name: _____

T-shirt size: S M L XL

Email: _____ Age: _____ Sex: M F Leprechaun Lap only: YM YL
(on 3/17/12) *(circle one)* *(circle one)*

Address: _____ City: _____ State: _____ Zip: _____

2. Please enter me in the following wave:

- Green (timed)
- Red (timed)
- Purple (not timed)
- Yellow (not timed)
- Leprechaun Lap (10 and under)

3. I would like to make an additional donation to:

- Detlef Schrempf Foundation
- CampFire USA
- Rise n' Shine
- Seattle Children's Autism Center
- The Healing Center

4. Make check payable to: Detlef Schrempf Foundation.

- \$30 Early (before Feb 20)
- \$35 Registration Parties
- \$35 Registration Outlet
- \$40 "Last Gasp" Registration (Mar 15/16)
- \$10 Leprechaun Lap (10 & under)



Donation amount:
\$ _____

5. Grand Total: \$ _____

Saturday, March 17th, at Seattle Center

Register via credit card at stpatdash.com



Waiver: PLEASE READ AND SIGN. ENTRY FEE IS NON-REFUNDABLE. DUE TO INSURANCE REQUIREMENTS – INCOMPLETE OR PARTIALLY FILLED OUT FORMS WILL NOT BE ACCEPTED. I accept responsibility for the accuracy of the information provided. I understand that if the information is illegible or incomplete, it will affect my results. In consideration of acceptance of my entry (I), legally bound for myself and anyone entitled to act on behalf (spouses, dependants, guardians) do hereby release and discharge Detlef Schrempf Foundation and AndEvents, Inc., its officers, owners and agents, contractors, volunteers, including the following: The City of Seattle, Craft Brewers Alliance, Washington State Department of Transportation, Seattle Center and any sponsors or agents associated with the St. Patrick's Day Dash from any/all liability (now and in the future) arising from illness, injury, damages, death, or any acts of god that I might suffer as a result from my participation in the St. Patrick's Day Dash. I further grant permission to Detlef Schrempf Foundation to use my photograph, motion picture or recording for any legal purpose they deem. If participant is under the age of 18, I certify by my signature that the child has permission to participate, is in good physical condition, and officials may provide any/all medical treatment in the event of injury or illness.

6. Signature _____ Parent's Signature _____ date: _____
(if participant's age is under 18)