



**12th ANNUAL
RACE JUDICATA
SUNDAY, OCTOBER 15, 2016**



MCBA's YLD Race Judicata	Come walk, run, or stroll your way through our 5K race/ 1 mile walk to benefit the Maricopa County Bar Association Young Lawyers Division and survivors of domestic violence. We are excited to stage Race Judicata 5K/ 1mile walk for the twelfth time for our legal community, families, and friends.
TIME:	Check-in and registration begins at 6:00 a.m. 5K race begins at 7:00 a.m. 1 mile walk starts at 7:10 a.m.
LOCATION:	Kiwanis Community Park is located at 5500 S. Mill Ave., Tempe, AZ 85283. Follow the signs to parking at the All American Way Bridge. The race begins and ends at the Sister Cities Garden Area of the park.
ENTRY FEES:	Early Bird Registration: \$30.00 Sleep-In (Donation Only): \$30.00 Late registration (after September 16, 2016): \$35.00 Every paid entrant will receive, a Race Judicata t-shirt, and goodie bag.
FOOD AND ENTERTAINMENT:	There will be food and drinks for participants after the race along with children's activities,& music.
AWARDS CEREMONY:	Award medals will be given for the following categories: Overall fastest Male/ Female Three fastest females and three fastest males in each 10 year age group for the 5K (under 19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+) Biggest Team (registering the most members on one team)

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HOW TO REGISTER

There are three ways to register:

1. Register and pay online at www.maricopabar.org/race
2. Register by mail - Fill out this form or download the registration form at www.maricopabar.org/race
3. Mail it, along with your credit card information or check payable to Maricopa County Bar Association (MCBA) to:

MCBA
303 E. Palm Lane
Phoenix AZ 85004

MCBA's RACE JUDICATA REGISTRATION FORM

NAME _____

E-MAIL _____

Credit Card Billing Address _____

City _____ **State** _____ **Zip** _____

Visa **MasterCard** **AmEx** **Check (please circle one)**

CC # _____ **ex date** _____ **CCV#** _____

Amount _____ **Signature** _____

PHONE _____ **AGE AT RACE** _____ **Shirt Size** _____

GENDER _____

WHICH RACE? CHECK ONE: 5K _____ **1 mile** _____ **SLEEP-IN (DONATION ONLY)** _____

EMERGENCY CONTACT NAME AND PHONE

NUMBER _____

TEAMS ONLY: TEAM LEADER OR TEAM

NAME _____

IMPORTANT FOR TEAM MEMBERS:

Please select a team leader or team name. Every team member must fill out a separate form, and each team must have a minimum of ten members.

WAIVER:

In consideration of accepting this entry, I the undersigned intending to be legally bound hereby, for myself or my heirs, executors, and administrators waive and release any and all rights and claims for damages I have against Race Timers, City of Phoenix. City of Tempe, Maricopa County Bar Association and anyone associated with this event, their representatives, successors and assigns for any and all injuries suffered by my in said event. I will additionally permit the free use of my name and pictures in broadcasts, telecasts, newspapers, etc.

Signature and date (parent or guardian if under 18)