

2nd Annual Orlando Xtreme Marathon - January 21, 2006

(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"/>			

Select category <input type="checkbox"/> Age Group <input type="checkbox"/> Clydesdale <input type="checkbox"/> Athena <input type="checkbox"/> Military	Select race distance <input type="checkbox"/> Marathon <input type="checkbox"/> Half Marathon <input type="checkbox"/> 10K <input type="checkbox"/> 5K	How did you hear about this event? <input style="width: 95%; height: 40px;" type="text"/>
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PAYMENT

Make check or money order to: Buttar Inc.

Mail with completed entry form to 3901 Ibis Dr., Orlando, FL 32803

Check
 Visa
 MC
 DS
 Expiration

CC Number

Race Information (888) 281-0533 Amount Enclosed \$

Register Online at www.buttar.com
NO REFUNDS OR TRANSFERS.

T-SHIRTS NOT GUARANTEED ON RACE DAY.

Official Use Only
BIB #:
TRANSPONDER ID:

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. Bicycles, 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 _____