

Coeur d'Alene Tribal Wellness Center 18th Annual Fun Run/Walk JULY 16, 2016

REGISTRATION INFORMATION (please circle)

EVENT: 5K(race)/\$10 2K(walk)/\$5

SHIRT SIZE: CHILD S M L ADULT S M L XL XXL XXXL

SHIRTS WILL BE ORDERED AND AVAILABLE AFTER THE EVENT!

EVENT INFO:

7:15 a.m. Check In/Late Registration

8:00 a.m. Race Starts (Runners first with Walkers following)

Awards following race finish.

Awards (ONLY for 5K Race): 1st Place Overall Male and Female awards.

EVENT FEES:

5K Race is \$10.00 Non-competitive walk is \$5.00

No late registration fee will be added.

Checks Payable to: Benewah Medial/Wellness Center

Mail to: Coeur d'Alene Tribal Wellness Center

PO Box 700 1100 A Street

Plummer, ID 83851

Acknowledgement of Risk Statement/Waiver:

I know that running a road race is a potentially hazardous activity. I should not enter and run/walk unless I am medically able and properly trained. I agree to abide by any decisions of a race official relative to my ability to safely complete the run/walk. I assume all risks associated with running/walking in this event including, but not limited to, contact with other participants, falls, the effects of the weather, including high heat and humidity, traffic and the conditions of the course, roads and trails and such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself, my child and anyone entitled to act on our behalf, waive and release the Coeur d'Alene Tribal Wellness Center and all sponsors, their representatives and successors, volunteers from all claims or liabilities of any kind arising out of my participation or my child's participation in this event. In addition, neither my child nor I will wear headphones in this event. Nothing in this Contract shall be construed as a waiver or diminishment of the Coeur d'Alene Tribe's inherent sovereign immunity.

I give permission to be photographed by Benewah Medical Wellness Center Staff. I permit Benewah Medical Wellness Center the use of my photograph for various purposes which may include small group presentation, local media publications, program brochures and/or related program uses.

Circle: YES NO _____ Initials

Name (print): _____ Phone: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Email: _____

By signing below, I acknowledge that I have read and understand the Acknowledgement of Risk Statement/Waiver located above.

Participant Name (print): _____

Participant Signature: _____

Guardian Signature: _____