BCH RUN 17

FUN RUN REGISTRATION Saturday, May 13, 2017

Registration/Check-In 7:00 am, Fun Run Starts 8:00 am Sharp

| Description of the control of the co | | | |
|--|---|---|--|
| Participant Name | Date | | |
| Address | | | |
| City/ST/Zip | | | |
| Phone | | | |
| Email | | | |
| T-Shirt Size (choose one): S M L XL Free T-shirt to first 70 Registrants; 2017 Fun Run T-shirts will be available to purchase for \$10.00 while they last. □ Save me a T-Shirt. If I am not one of the first 70 registrants, I'll bring my cash/check when I pick up my Fun Run Packet Indemnity / Liability Waiver − All participants must sign this release before running. | | | |
| | | arising out of my or my child's participati | I hold harmless Boundary Community Hospital from all cost expense or liability on in this event. I do hereby waive all claims for damage or loss to my or my child's by any act or failure to act by Boundary Community Hospital, indirectly from my or liability from such event. |
| | | Signature | Date |
| | | Parent or Guardian's Name* (Please Prin | ː) |
| * Required when participant is under 13 y | vears of age | | |
| | | | |
| This form is to be completed and signe | d by all participants. Participants under age 13 must have this form signed by | | |
| parent or guardian. Start and Finish line is on Kaniksu Street before Noon on Friday, May 12 th to Bour Run Packets for pre-registered runners can | by the Emergency Department. For pre-registration, send completed/signed forms and ary Community Hospital Community Relations or email lauren.k@bcch.org . Fun be picked up from the Community Relations office Wednesday (May 10) and h 4:00 pm or Friday (May 12) 8 am through Noon. | | |