



Last Name: _____
Number: _____

COMMUNITY FUN RUN REGISTRATION

Saturday, May 11, 2019

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

Circle one: 3K 5K 10K Run or Walk?

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; 2019 Fun Run T-shirts will be available to purchase for \$8.00 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 participating.

I, the undersigned agree to indemnify and hold harmless Boundary Community Hospital from all cost expense or liability arising out of my or my child's participation in this event. I do hereby waive all claims for damage or loss to my or my child's person or property which may be caused by any act or failure to act by Boundary Community Hospital, indirectly from my or my child's participation in this event and liability from such event.

Signature _____ Date _____

Parent or Guardian's Name* (Please Print) _____

* Required when participant is under 13 years of age

IMPORTANT: This form is to be completed and signed by all participants. Participants under age 13 must have this form signed by a parent or guardian.

Completed and signed pre-registration forms must be received by Boundary Community Hospital Community Relations or sent via e-mail to lauren.k@bcch.org before Noon on Wednesday, May 8. Otherwise registration forms can be turned in when you check in on the day of the race. *Fun Run Packets for pre-registered runners can be picked up from the Community Relations office Tuesday, May 7 and Wednesday, May 8 from 8:30 am - 4:00 pm, or 8:30 am-Noon on Thursday, May 9.*

The Start/Finish line is on Kaniksu Street by the Emergency Department. Fun Run Parking in the Hospital Employee Parking Lot on Kaniksu Street. Don't miss the Health Fair which will be open early to accommodate runners.

Official Use:

Date/Time Recvd: _____ Under 13 years of Age? Y N

Boundary Community Hospital, 6640 Kaniksu Street, Bonners Ferry, ID 83805 (208) 267-6912

www.boundarycommunityhospital.org