

LIVE LOCALLY 5K RUN/WALK

ENTRY FORM

LIVE LOCALLY 5K RUN/WALK

DATE: SATURDAY, October 20th, 2012

PACKET PICK-UP: Packet pick-up begins at 9am. Race Day registration also starts at this time.

RACE START TIME: 10am

LOCATION: HealthCare Plus building on the corner of Main and 7th in Polson, MT.

For Questions: Contact HealthCare Plus at (406) 883-3910.

Course: Race starts at the HCP building at the corner of Main and 7th in Polson, will access the Carol Sampson Sherrick Memorial Trail, then return to HCP.

Age Divisions: 13 & under, 14-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+

Nutrition & Aide:

There will be one aid station along the course. There will also be snacks & hydration at the end of the race.



Name _____ Age _____ Gender _____

Address _____ City _____ State _____ Zip _____

Email Address: _____ Telephone# _____

Adult Shirt Size S ___ M ___ L ___ XL ___ XXL ___ Kids Shirt Size S ___ M ___ L ___

ENTRY FEES: Pre registration: \$15 up to September 27, 2012. Late registration & race day registration \$20 (Cancellation Policy: Entry Fees are non-refundable and non-transferable.) Shirts only guaranteed by preregistration date of Sept. 27. Mail entry form to HCP, One 7th Ave East, Polson 59860.

Waiver and Release Statement:

In consideration of accepting the entry, I RELEASE-for myself and my heirs, executors, administrators, legal representative successors in interest, and for my child (if parent or guardian signing on behalf of a participant under the age of 18, referred to as "my child") -the Live Locally 5K Run/Walk, HealthCare Plus, Country Pasta, the City of Polson, and all other promoters, sponsors, organizers and volunteers of this event, and the officers, directors, shareholders and/or members, agents and employees of each, as well as all medical, law enforcement and other personnel assisting with this event, the owners of the property through which the event course traverses, and their representatives, successors and assigns (collectively "Released Parties") from any and all rights, claims or liability for damage for any and all injuries to me, my child or my property arising out of or in connection with my participation in this event, including acts of God. I further agree that I WILL DEFEND, INDEMNIFY AND HOLD HARMLESS the Released Parties against all claims, demands and causes of action, including court costs and reasonable attorneys' fees, directly or indirectly arising from any action or other proceeding brought by or prosecuted contrary to this agreement for the benefit of me or my child. This agreement extends to all claims of every kind and nature whatsoever, whether known or unknown. I Fully ASSUME THE RISKS ASSOCIATED WITH MY AND/OR MY CHILD'S PARTICIPATION IN THIS EVENT, including but not limited to: the dangers of falls and collisions with pedestrians, vehicles and fixed or moving objects; the dangers of road conditions, surface hazards, either conditions, associated with and athletic trail run; and the dangers caused by others' negligence. I certify that I am and/or my child is physically and mentally fit to participate in this event. I understand that entry fees are necessary to meet the cost of preparation, months in advance of the run, and that if the run is canceled because of weather conditions, fire, drought, acts of God, or other circumstances beyond the control of run management, the entry fee will not be refunded.

Signature of Participant _____ Date _____

Printed Name of Participant _____

Signature of Parent/Guardian: _____

(if participant is younger than 18 years)

Printed Name of Parent/Guardian: _____