

# **Bear Lake's 2nd Annual 5K Walk / Run for Cancer June 25, 2011**

**6-7:30 Registration - 8 AM Walk/Run Begins**

**Public Parking lot on 50 South and 1st West Garden City UT  
Registration Fee: \$30 All Donations are Welcome!**

**First 300 People to Register get a Free Shirt!**



# **There is NO Limit to**



# **COURAGE**

## **Race Information:**

Please register by mailing or emailing in a completed entry form.

\*Log on to [Bearlake.org](http://Bearlake.org) (calendar of events) for a registration form. One entry form is required for each paid participant.

\*EMAIL TO: [Jessica@epiccabins.com](mailto:Jessica@epiccabins.com) Payment is needed in order to pick up your shirt and that can be done the day of the race.

\*Complete the entry form, sign the waiver, enclose your check or money order made payable to: **Bear Lake 5K**. You may also use PayPal using [bearlake5k@gmail.com](mailto:bearlake5k@gmail.com).

\***Mail Registration Form and check to: P.O. Box 305 Garden City Ut 84028**

Please call 435-946-8413 or email [bearlake5k@gmail.com](mailto:bearlake5k@gmail.com) with any questions.

# There is NO limit to COURAGE!

## GENERAL INFORMATION

First Name: \_\_\_\_\_ Last  
Name: \_\_\_\_\_

Ad-  
dress: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: F M

Home Phone: ( \_\_\_\_\_ ) Cell Phone: ( \_\_\_\_\_ )

Emergency Contact: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## You Must Sign The Waiver

Remember: The Bear Lake Walk for Cancer Release and Indemnification

Remember: The Bear Lake Walk for Cancer - an activity which may include risks such as, but not limited to, falls, interaction with other participants, effects of weather, traffic and conditions of the road. In consideration of being allowed to participate in this event, I hereby expressly assume all risks, including personal injury and death, arising in any way out of my participation in the Bear Lake 5k Walk/Run.

It is my responsibility to dress appropriately. Although route maps, rest stops, refreshments, and other assistance may be made available during this event, I am solely responsible for my own health and safety. I represent and warrant that I am physically fit and able to participate in this event and I agree to stop and request assistance if I experience any symptoms such as, but not limited to, dizziness, excessive fatigue, shortness of breath, pain or any other conditions which would make it difficult or unsafe to continue.

I agree, for myself, my heirs, executors and administrators, to not sue and to release, indemnify and hold harmless, the American Heart Association, Inc., its affiliates, officers, directors, volunteers and employees, and all sponsoring businesses and organizations and their agents and employees, from any and all liability, claims, demands, and causes of action whatsoever, arising out of my participation in this event and related activities - whether it results from the negligence of any of the above or from any other cause.

This release and indemnification agreement shall be as broad and inclusive as is permitted by the State or Province in which the event is conducted. If any portion of it is held invalid, the balance shall continue in full force and effect.

I have read, understand and agree to the terms of this Agreement.

If Participant is a minor, the parent or guardian must agree to the below:

I am the legal guardian of Participant, and I hereby consent to his/her participation. I have read the foregoing release and indemnification agreement, and I hereby agree on behalf of myself and Participant to its terms.

\_\_\_\_\_  
Name of Participant (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant and or Parent or Guardian

\_\_\_\_\_  
Date