



2017 Whitefish Animal Hospital
WAG Race Registration
May 14, 2017 – 11 AM @ the WAG Park
www.flatheadbeaconrunningclub.com



IMPORTANT: NO REFUNDS - PACKET PICK-UP AT WHITEFISH ANIMAL HOSPITAL FRIDAY, MAY 12, 2016 FROM 9:00 A.M. TO 6:00 P.M.. LATE REGISTRATION IS AVAILABLE FROM 8:30 TO 10:30 AM THE DAY OF THE RACE FOR AN ADDITIONAL \$5.00. RACE STARTS AT 11:00. PLEASE ARRIVE WITH ENOUGH TIME TO PREPARE. **T-SHIRTS ARE FIRST COME FIRST SERVE FOR REGISTRATIONS RECEIVED AFTER APRIL 30TH.**

15 K ☐ \$35 *Please read Child Participation section on website. No dogs allowed to run the 12k, only the 1 mile and 4 mile*
4 Mile ☐ \$30 Child 10 and under ☐ FREE
1.5 Mile Fun Run ☐ \$20 Child 10 and under ☐ FREE

Yes, I'd like to donate \$_____ to the Hugh Rogers WAG Park in addition to my registration fee.

shirt sizes *PLEASE CIRCLE ONE*

UNISEX: XS S M L X XL

KIDS: S M L

First Name:		Last Name:	
Racing Dog's Name:		Dog's Gender:	Dog's DOB or Approximate Age:
City:	State:	Postal Code:	
Cell Phone:			
Birthday (mm/dd/yyyy)		Gender	
Email Address:			
Signature:		Date:(mm/dd/yyyy)	
Parent / Gaurdian (if applicant is under 18 years of age)		Signature:	Date:(mm/dd/yyyy)

WAIVER: I know that running and volunteering to work in race activities are potentially hazardous. I should not enter and run in this or any other activity unless I am medically able and properly trained. I agree to abide by any decision of club and/or race officials relative to my ability to safely complete the run. I assume all risks associated with running and volunteering to work in race activities including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, the condition of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application for race participation, I, for myself and anyone entitled to act on my behalf, waive and release Competitive Timing and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in these club activities even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of events for any legitimate purpose.

Send registration and/or donation along with check or money order to:

Flathead Beacon
17 Main St
Kalispell, MT 59912

FOR OFFICE USE: Total Amount \$_____ Bib#_____