

**YOU GOT
WHAT IT TAKES
TO RACE!**



Proceeds Benefit
The Columbia Falls Food Bank
&
The Columbia Falls
Community Garden

FUN RUN

Full Name:		Nickname:	Race please circle	
Date of Birth (mm/dd/yy):	Age:	Male Female	100 yards	440 yards
			880 yards	1 mile
			3 miles	
Home Address:				
Company/School/Organization:				
Telephone/Mobile:		Email:		
Person to contact in case of emergency:			Phone Number	
Payment Info: Amnt _____ Received by: _____ Of _____ Date _____				

WAIVER / RELEASE FORM

In consideration of my entry, I, my heirs, executors and administrators, release and forever discharge the City of Columbia Falls, the Organizers, its officers, staff, sponsors, servants, agents, and subcontractors, instrumentalities, all voluntary community groups, and all organizations assisting this event, producers, their agents and representatives, of all liabilities, claims, damages or costs, which I may have against them arising out of, or in any way connected with my participation in this event. I understand this waiver includes claims based on negligence, action or inaction of any above parties. I fully recognize the difficulties of this event and declare that I am physically fit and able to compete in this event safely, and not have been told otherwise by a medically qualified person. Furthermore, I certify that I have secured for myself a life and accident insurance coverage up to the third party liability to answer for any damages or loss of life and property that may occur in this particular event.

I agree that in the event of race cancellation due to storm, rain, inclement weather, wind or any other unforeseeable, or "act of God" conditions, my entry fee shall be nonrefundable.

I have carefully read this entry form and agree to abide by all rules and directions of all race officials on the day of the race.

Participant's Signature over Printed Name

Guardian's Signature over Printed Name
(For participants below 18 years of age)

ACKNOWLEDGEMENT RECEIPT

Name: _____ Amount Paid: _____

Registration fee received by: _____ Of: _____ Date: _____, 2016