

Count Your Clover Pub Run 5k

Sunday - March 12th, 2017 @ 11:00 a.m.

**Race start: McLaughlin Center
on the campus of the University of Great Falls
1301 20th Street South
Great Falls, Montana**

Name: _____ Age (on 3/12/17): _____ DOB: _____

Address: _____ Male / Female (please circle) T-shirt: XS, S, M, L, XL, XXL
(Unisex Technical Fabric Long Sleeve)

City: _____ State/zip: _____

Phone number: _____ Email address: _____

Race: 5k

Entry Fee is **\$25** for those 18 & over, **\$20** for those under 18
Add **\$5** for race day entry. (Proceeds to benefit the UGF XC/Track teams.)

Send form and fees to:

Count Your Clover Pub Run 5K, c/o UGF XC & Track
1301 20th St. South, Great Falls, MT 59405
(Make checks Payable to University of Great Falls)

Sign up On-line @ <https://runsignup.com>

For questions, email: bill.brist@ugf.edu



Men's and Women's Age Groups: 8 & Under, 9-12, 13-18, 19-29, 30-39, 40-49, 50-59, 60 & Over. Tee Shirt Sizes guaranteed to entrants that pre-register by Feb 25th, 2017.

Participant Waiver for Race Registration:

I know that running, or walking a road race is potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, sidewalks, trails or grassy sections of the course, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or roller blades, animals, and personal music players are not allowed in the race and I will abide by all race rules. Having read this waiver and knowing these facts and inconsideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Count Your Clover Pub Run 5K, the city of Great Falls, The University of Great Falls, the Great Falls Track Club, UGF Athletic Department and it's Director, Bowser Brewery, Race Montana, Inc. and the Road Runners Club of America, all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, 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 this event for any legitimate purpose.

Signature: _____ Date: _____

Parent's Signature (if under 18 years): _____ Date: _____

No refunds / No Weather cancellation

RACE PACKET PICK-UP: Packet pick up for pre-registered runners, will be on Sunday morning, March 12th, from 10:00 to 10:45 AM at McLaughlin Center on the University of Great Falls campus.