

SCHEELS MONTANA VET PROGRAM



PACKET PICK UP

SCHEELS MALL ENTRANCE
FRIDAY, MAY 25
3-7PM

PROCEEDS BENEFIT



SATURDAY, MAY 26, 2018

5K RACE • 9:00AM
START/FINISH: BROADWATER BAY

YOUTH 1K • 10:00AM
START/FINISH: BROADWATER BAY

Return completed entry form to Great Falls SCHEELS Customer Service (Duplicates Accepted)
- **OR** - Register online at runsignup.com

First Name _____ Last Name _____

Address _____

City _____ State/Province _____ Postal Code _____

Gender: **M** **F** Date of Birth ____/____/____ Phone # _____

*Email Address _____ Shirt Size: **YS YM YL / S M L XL**
(Shirt sizes not guaranteed after May 11)

In consideration of the acceptance of this entry, I hereby, release Scheels 5K & Duathlon, and their respective parent, subsidiary and affiliate companies, licenses, distributors and advertising and promotion agencies and suppliers and all their respective officers, directors, employees, representatives, and ages from any liability, damages, losses, costs or expenses, personal injury or death, loss of enjoyment or other harm or loss of any nature whatsoever, resulting in whole or in part, directly or indirectly, from my participation in this said event. Also, no of the above is responsible for neither the loss of personal items nor any aggravation in connection with said event. I also give my permission for free use of my name and picture in any broadcast, telecast or print media account of the event. In filling out this form, I acknowledge I have read and fully understand my own liability and do accept the restrictions. I recognize and acknowledge that my participation in the program is solely at my own risk. I acknowledge that my participation in the program may expose me to risk of injury or possibly demise. I further understand that this Waiver and Release is absolute as to all claims, demands, and causes or actions, suits, damages, costs and expenses which could occur while I am participating in this program except those claims or demands arising out of gross negligence of the sponsors, coordination groups, City of Great Falls if any. I also give permission for free use of my name and picture in any broadcast, telecast or print media account of this event. In filling out this form, I acknowledge I have read and fully understand my own liability and do accept the restrictions.

Printed Signature of Participant: _____

Signature of Guardian, if under 18 years of age: _____

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PAYMENT SUMMARY

5K RACE:

Pre-Registration (Now-May 11, 2018) **\$25.00**

Late Registration (May 12-May 26, 2018) **\$35.00**

YOUTH 1K: **\$15.00**

(Ages 10 & Under)

TOTAL AMOUNT PAID

\$ _____

Mail Registration Form to:

SCHEELS

Event Coordinator
1200 10th Ave S, STE 92.
Great Falls, MT 59405
406-456-7666 ext 2206
Email: eventsGF@scheels.com

FOR MORE INFORMATION PLEASE VISIT SCHEELS.COM/EVENTS

