



Great Pumpkin Run

SCHEELS

PROCEEDS BENEFIT



GENEROSITY HEALS

FRIDAY, OCTOBER 26TH
GREAT FALLS SCHEELS

PACKET PICKUP
3:00PM-6:00PM

SATURDAY, OCTOBER 27TH
GIBSON PARK

5K RACE STARTS
9:00AM
YOUTH 1K RUN STARTS
10:00AM

SATURDAY, OCTOBER 27, 2018

GIBSON PARK • PARK DRIVE NORTH AND 4TH AVENUE N

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 October 13)

In consideration of the acceptance of this entry, I hereby, release Scheels Great Pumpkin Run, 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-Oct. 12, 2018) **\$25.00**

Late Registration (Oct. 13-Oct. 27, 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

