

Lethbridge & District Humane Society
BARE BONES RUN
ENTRY FORM

DELIVER ENTRY FORM WITH PAYMENT (Cash,Cheque made to: The Humane Society - Not Post Dated) TO:
Runners Soul 2646 South Parkside Dr

LAST NAME: _____ FIRST NAME: _____

Are you running with a dog? Y / N DOG'S NAME: _____

MAILING ADDRESS: _____

CITY: _____ PROVINCE/STATE: _____ POSTAL/ZIP CODE: _____

AGE: _____ BIRTHDAY: (MM/DD/YYYY): _____

PHONE: _____ EMAIL: _____
(IN CASE CONTACT IS NEEDED)

YOUR GENDER ? M F Dog: SPAYED NEUTERED

WHICH EVENT? 9KM 10 Mile

AGE CATEGORY (AS OF OCTOBER 14, 2007) : PLEASE CIRCLE

11 & UNDER 12-15 15-19 20-24 25-29 30-34 35-39 40-44

45-49 50-54 55-59 60-64 65-69 70 +

ENCLOSED: \$ _____ \$5.00 Entry Fee
(No Shirts/No Awards BUT There are Hot Dogs after the Run!)

PLEASE NOTE METHOD OF PAYMENT: Cheque Cash

**RACE TAKES PLACE SUNDAY OCT.14/2007 & STARTS AT PEENAQUIM BALL
PARK 10Mile AT 9 AM - 9Km AT 9:15 AM**

PACKAGE /CHIP PICKUP MORNING OF RACE STARTING AT 7:30am

THERE WILL BE LINEUPS SO GET THERE EARLY!!

****PLEASE NOTE** THIS RACE IS LIMITED TO A TOTAL OF 300 ENTRIES
ENTRIES CLOSE OCT. 8TH AT 5:30 PM SHARP!!**

WAIVER FORM

In consideration of your acceptance of this race entry, I, for myself, my heirs, executors, administrators and assigns, forever waive, release and discharge any and all rights, demands, claims for damages and causes of suit or action known or unknown, that I may have against Humane Society's Run with no Name and any and all participating race sponsors and supporters and directors, officers, employees and agents of such parties, for any and all injuries in any manner arising or resulting from my participating in said race. I attest and verify that I have full knowledge of the risks involved in this race, that I assume those risks, that I will assume and pay my own medical and emergency expenses in the event of accident, illness or other capacity, regardless of whether I have authorized such expenses and that I am physically fit and sufficiently trained to participate in this race.

NAME (PLEASE PRINT): _____

SIGNATURE

SIGNATURE OF PARENT OR GUARDIAN IF UNDER 18