

5K PUMPKIN BREW RUN

Saturday, October 16, 2010 at 4 pm
Amsterdam Tavern, 3175 Morganford, St. Louis, MO
www.fitnessforfunstl.com

ENTRY FORM

SIGNATURE REQUIRED, ONE ENTRY PER FORM, PRINT CLEARLY

PARTICIPANT INFORMATION:

LAST NAME: _____ AGE ON RACE DAY: _____
FIRST NAME: _____ DATE OF BIRTH: _____
ADDRESS: _____ CIRCLE ONE: WALK / RUN
CITY: _____ CIRCLE ONE: MALE / FEMALE
STATE/ZIP _____
PHONE NO.: _____
EMAIL ADDRESS: _____
T-SHIRT SIZE (CIRCLE ONE) S M L XL XXL

EMERGENCY CONTACT INFORMATION:

NAME: _____
PHONE NUMBER: _____

SEND COMPLETED FORMS, WITH \$20 REGISTRATION FEE, TO:

Health and Wellness Educators, LLC
Attn: 5k Pumpkin Brew Run
PO Box 21602
St. Louis, MO 63109

\$20 Registration fee must be check or money order, no cash please. Registrations must arrive by October 10 to guarantee T-shirt size; race day registrations are not guaranteed a T-shirt. Adults must accompany children under 14 years of age. Entry fee is NON-REFUNDABLE.

WAIVER: In consideration of the acceptance of my entry, I, the undersigned, hereby acknowledge, affirm and agree to assume all responsibility for any damages, theft, or any bodily injury that may occur to me arising from, or incidental to, my participation in the 5k Pumpkin Brew Run. For myself, my heirs, executors and administrators, I waive and release any and all rights and claims for damages, rights to action, present or future, whether known, anticipated or unanticipated, that I have or may have against the organizers of this event; the principles, officers, employees, and representatives of Health and Wellness Educators, LLC; the City of St. Louis; Tower Grove Park; Big River Race Management; Big River Running Company; and any and all sponsors, their trustees, directors, employees and agents. Any and all claims of damages, demands, and actions, in any manner, as a result of my participation in 5k Pumpkin Brew Run, including my travel to and from the event, are hereby waived. I attest and verify that I am aware of the physical demands of the event, am physically fit and have sufficiently trained for the completion of the event and I have not been advised otherwise by a qualified health care professional. I voluntarily enter at my own risk. Further, I grant full permission to any of the foregoing to use my name and likeness in any broadcast, telecast, video or print media or the event without compensation to me for whatever purpose. I agree that race officials, whose decision is final, will settle any race disputes. All other disputes are subject to arbitration at the request of the organizers of the event.

SIGNATURE: _____ DATE: _____
{Parent or guardian must sign for participants under 18 years of age}