

**Buffalo Lake Days 5K & ½ Mile Kids Run
Saturday July 22, 2017**

Registration Form

First Name: _____ Last Name: _____ Age: _____ Gender: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail: _____

Race(Please Check)- ☐ 5K Run/Walk ☐ 1/2 Mile Kids Run(Kids 12 and under are free)

T- Shirt Size(Standard Cut)- ☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL(=\$2)
(Shirt is for paying participants. Race day registrants receive no shirt. Participants 12 and under will be awarded participation medals)

WAIVER: Knowing that running/walking a race is a potentially hazardous activity, I enter and run/walk this race certifying that I am medically stable and properly trained. I also know that, although police protections will be provided, there may be traffic on the course route. I assume the risk of running/walking in traffic. I also assume all other risks associated with running/walking this event including but not limited to falls, contact with other participants, the effects of weather. Race will be cancelled in case of inclement weather. Please refer to our website for update on cancellations at www.blhcc.org.

Knowing these facts, and in consideration of your acceptance of my entry, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release, and discharge any organization associated with the race, race officials, volunteers, any and all sponsors, their agents, employees assigns or anyone acting for or on their behalf, from any and all claims or liability for death, personal injury, or property damage of any kind or nature arising out of, or in course of, my participation in this event. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

The undersigned also grants full permission to the race and any organization conducting the race to use any photographs or recordings of this event for any purpose.

I understand that entry fees are non-refundable.

I have read the foregoing and certify my agreement by my signature below.

Signature: _____

Send Entry Form and Payment to:

**Buffalo Lake Healthcare Center
P.O. Box 368
Buffalo Lake MN, 55314
Attn: Run
Make check payable to: F.R.E.E.**

