

Make checks payable to: Bloomington Health Foundation PO Box 249 Bloomington, IN 47402

EARLY Registration Form						
□ 1 Mile Kids Run \$30 □ 5K Run \$30 □ 1 Mile Family Walk \$30 □ 5K Walk \$30 □ SPIRIT \$30						
First NameGender □ Male □ Female Email				Age on Race Day		
			StateZip			
		Emergency Phone				
Shirt Sizes: Would you like the RED "Cancer Survivor/Warrior" event tee shirt option?						
Adult	■ Medium	<b>□</b> Large	□ X-Large	□ 2X-Large	□ 3X-Large	
Youth 4T toddle	r 🗖 Small	<b>■</b> Medium	<b>□</b> Large			
may be incapacitated, or mentally "Others accompanying me"). I under Event, I hereby waive, release, and representatives (collectively, the Foof my participation, or the participa or arising out of the negligent act or running, walking or participating in exercise from an event of this naturand freely assume all such risks for premises where the Event takes pland Others accompanying me voluagree to expressly assume and accunderstand that the Foundation with pate in this Event. I understand that Foundation to use any photograph:  I have read this release of liability a sign it freely and voluntarily without lift the participant is under 18 years Release. The parent or legal guard	utrun Cancer" (Event). I un ipate in the Event which inchallenged, registered or u erstand the acceptance of the hold harmless the Bloomioundation) from all responsition of Others Accompanyi or omission of the Foundatica road race or activity such re can cause many types or me and Others accomparace such as pot holes, cracintarily participating in the Ecept all risks of injury or dethout reason can at any timus the entry fee is non-refuns, videotapes or other recondand assumption of risk agret any inducement.	derstand by the acceludes myself as well nregistered for this evine waiver is required ngton Health Foundatibility or liability for innounce me, in the Event, in as the Event is a post injuries including carrying me. Additionally cks, bumps and other event with knowledge ath associated with nere remove me or Other or any reason radings made of me or event, fully understated with receiver the control of the c	ptance of this release as any accompanying yent, regardless of whe to participate in the Etition, their affiliates and juries or damages to nocluding all injuries or connection with our patentially hazardous activation and even of the dangers and risely participation, or the encountry of the dangers and risely participation, or the control of the dangers and risely participation or others accompanying and its terms, understand that the control of the dangers and risely participation of the dangers and risely participation of the dangers and risely accompanying and its terms, understand the participant's parent or leauthorizes the participation of the p	of liability and assumpti child under 18 years of ather or not I am the party of their officers, agents, one, or Others accompar damages to me, or Others accompar damages to me, or Other articipation in the Event. tivity involving a risk of ideath from cardiac or of the same in the conditions. I understarticipation of Others after the interval of the same or not allow me or due to weather. I further in the grade on the day of this is not that I have given up again guardian must contain a summer of the registrant by	on of risk waiver I am executing a f age, any accompanying persons who rent/legal guardian (referred to as of being permitted to participate in the employees, and nying me, resulting from or arising out ers accompanying me, resulting from I understand and am aware that injury and even death. The stress and ther medical emergencies. I knowingly in the condition of the course and not these and other potential risks and thers accompanying me. I hereby accompanying me, in the Event. I Others accompanying me to participarity my full permission to the Event.  substantial rights by signing it, and inpletely review this Waiver and in his/her acceptance below.	
BY MY SIGNATURE BELOW MUST BE SIGNED BY A PAR			RELEASE. IF THE	REGISTRANT IS 17	OR YOUNGER THIS FORM	
Printed Name		Signature			Date	
ONLY ONE ENTRANT ALLOWED PER REGISTRATION FORM						