

REGISTRATION & WAIVER

___ Registration fee enclosed

___ Collecting pledges (min. \$100 in pledges to waive registration fee – no registration fee enclosed).

Name: _____

Gender: M _____

F _____

Age Category: 12 & under _____

13 – 19 yrs _____

20 - 29 yrs _____

30 - 39 yrs _____

40 - 49 yrs _____

50 - 59 yrs _____

60+ yrs _____

Address: _____

City: _____

Postal Code: _____

Telephone: (_____) _____

Email: _____

Distance: 3Km___ 5Km___ 10Km___

Unisex Shirt Size: XS S M L XL 2XL 3XL No Shirt

EMERGENCY CONTACT

Name: _____

Telephone: _____

PARTICIPATION WAIVER

I, the undersigned, for myself and my heirs, personal representative assigns and executors, do hereby release and forever discharge organizers of Bustin' Loose Race to End Breast Cancer, and all sponsors of said event for any and all claims, demands, costs, expenses, loss of service actions arising from any and all personal injury, disability, and property damage or loss of any kind that I may sustain training for or participating in this event. I fully understand the nature of the activities I am participating in and acknowledge the hazards of said activities and voluntarily assume the risk of injuries to my person or property of others. If an injury should occur to me, I authorize proper treatment. If the participant is under the age of 18 years of age, his/her parent or guardian must sign for him/her.

Signature: _____

Date: _____

MAIL ENTRIES TO: 306 – 7 St. S.E., Medicine Hat, AB, T1A 1J7

CHEQUES PAYABLE TO: Bustin' Loose Race to End Breast Cancer