

Bee Healthy 2010 5k Run/Walk

4.24.10



| Registration Form |

Please mail completed form with \$15 check by April 12th to :

STUDIO BEE COMMUNITY YOUTH CENTER
120 FLINT ST./P.O. BOX 311
BOONVILLE, IN 47601

Entry forms with check should be returned by April 12th for early registration and to reserve your T-Shirt. Registration after April 12th will be \$20.

CONTACT INFORMATION

NAME: _____ PHONE: _____

ADDRESS: _____

E-MAIL: _____ GENDER: ___ MALE ___ FEMALE

AGE: ___ RUNNER: ___ WALKER: ___ SHIRT SIZE: YL AS AM AL AXL AXXL

| Waiver and Release |

I, have signed this entry form intending to be legally bound, hereby for myself, my heirs, executors, and administrators and release any and all rights and claims for damages I might have against the G.E.M. Ministries, Inc. , Studio Bee, and the Race Committee, and officials and other sponsors of this event and their representatives for any and all injuries suffered by me in the event. I attest that I am physically fit and have sufficiently trained for the event and a licensed medical doctor has verified my physical condition. Furthermore, I hereby grant full permission to any and all of the foregoing to use my photograph or any other record of this event for any legitimate purpose. This entry is invalid unless signed by the entrant. If entrant is under 18 years of age then entry must be signed by parent/guardian. The official race director reserves the right to reject any entry.

Signature: _____ Date: _____

Parent/ Guardian if under 18: _____