

Bellin Run - Official Entry Form

(Or Register at www.bellinrun.com)



Official Use

Please Print
NAME

LAST FIRST

ADDRESS

STREET

CITY STATE ZIP CODE

PHONE

DAY EVENING

E-MAIL

DIVISION

- 10K RUN
Anticipated Finish Time Sub 40 min 40-49 min 50-59 min 60+ min
 10K WALK
 10K STROLLER
 10K WHEELCHAIR
 0.5 MILE CHILDREN'S RUN (Friday 6 p.m.)

SEX MALE
 FEMALE

DOB ____ / ____ / ____
month / day / year

ADULT T-SHIRT SIZE S M L XL XXL
 TECHNICAL RUN T-SHIRT UPGRADE (additional \$10)

CHILD T-SHIRT SIZE S (6-8) M (10-12) L (14-16)

FIRST-TIME BELLIN RUN PARTICIPANT

Yes No

BELLIN CORPORATE CHALLENGE

Company Name
(company must be preregistered in BCC)

- Employee
 Friend/Family Member

HIGH SCHOOL CHALLENGE

High School Name
(school must be preregistered in HSC)

- Staff/Student
 Friend/Family Member

ENTRY FEE

Run/Walk/Stroller/Wheelchair \$17
Late Registration *(after 6/3)* \$3
Children's Run \$5
Technical Run Shirt Upgrade \$10
(no child sizes available)

TOTAL \$ _____

CONSENT AND LIABILITY WAIVER

Hold Harmless: By participating in the Bellin Run, I agree to release and hold harmless Bellin Memorial Hospital, Inc., its officers, directors, employees and agents, the City of Green Bay, and the Village of Allouez, from any and all liability, losses, claims, actions, costs, including attorney fees resulting from injury to person or damage to property arising out of my participation in the Bellin Run.

Photograph Authorization: I hereby give Bellin Memorial Hospital, Inc., and its affiliates, permission to photograph me during the run and its related activities, and to use those photographs for any purpose, including but not limited to commercial purposes, Bellin Health advertisements and promotional materials.

Eligibility Certification: I certify that in accordance with the rules of TAC and IAAF governing amateur status, I am eligible to compete in this event. (No ineligible runners will be allowed to compete.)

PARTICIPANT SIGNATURE

DATE

PARENT OR GUARDIAN SIGNATURE FOR MINOR

Please mail this entry form and payment to:
Bellin Health System, Bellin Run, P.O. Box 23400, Green Bay, WI 54305-3400