



CHILDREN'S RUN FRIDAY, JUNE 9

Registration also available online at bellinrun.com.

Name _____
First Last

Address _____
Street City State Zip

Phone (____) _____ Email _____

Gender Male Female Date of birth ____/____/____
(mm/dd/yyyy)

EMERGENCY CONTACT Name _____ Race day phone (____) _____

EVENT 1/2 mile Children's Run (Ages 10 and under)

APPAREL

COMPLIMENTARY TECHNICAL T-SHIRT
 No additional cost

MEN'S	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> 2XL	<input type="checkbox"/> 3XL
WOMEN'S CUT	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> 2XL	
YOUTH	<input type="checkbox"/> XS (4-5)	<input type="checkbox"/> S (6-8)	<input type="checkbox"/> M (10-12)	<input type="checkbox"/> L (14-16)		

ENTRY FEE	through June 8	June 9
	\$12	In person at Astor Park 3-6 pm \$15
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.) As a participant in the Bellin Run, I understand I may become ill or injured and medical treatment may be necessary. I give consent to Bellin Health medical staff and/or volunteers to evaluate, treat injuries/illnesses, and activate emergency care as indicated.

 Parent/Guardian signature

 Date