



CHILDREN'S RUN

Friday, June 10, 6 pm



Register online at **BELLINRUN.COM** and **SAVE \$3**

ONE FORM PER REGISTRANT

Name _____
First Last

Address _____
Street City State Zip

Phone () _____ Email _____

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

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

ADULT T-SHIRT SIZE S M L XL XXL **CHILD T-SHIRT SIZE** S (6-8) M (10-12) L (14-16)
 Adult technical T-shirt upgrade for additional \$10

ENTRY FEE
thru June 9 June 10
\$13 In person at Astor Park 3-6 pm \$13
Technical T-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.) 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.

Guardian Signature

Date

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