33rd Annual Huckleberry Run/Walk Registration Form

Saturday, August 18th, 2018

Name_____ **Age**_____ **Phone**_____

Address_____ **City**_____ **State** _____

Zip Code _____ **male/female** (circle one) **Email** _____

T-shirt Info (circle size) **Youth** S   M   L   XL   **Adult** S   M   L   XL   XXL ($5 add charge)

Age Brackets: (Please circle appropriate age bracket)

Under 11   12-15   16-19   20-29   30-39   40-49   50-59   60-69   70+

Registration Fee - $25.00 for 5K Run/Walk (30.00 after August 1st, 2018)

Includes t-shirt, pancake breakfast, goodie bag

T-shirts given day of race for pre-registered racers only

(No t-shirt option $20.00/$25.00 after August 1st)

RUN BEGINS PROMPTLY AT 9AM

Registration must be postmarked by August 1st, 2018   **NO REFUNDS**

Registration available day of race 7:00-9:00am

Make check payable to HWMG, Inc.

Mail Completed Form to – HWMG, Inc.   416 2nd St, Wallace, ID 83873

Liability Release: I know that participation in a running or walking event is a potentially hazardous activity. I assume all risk associated with participation in this event. I hereby waive, release, and discharge myself, my heirs, executors, administrators, legal representatives, assign and successors in interest, any and all rights and claims which I may hereafter accrue to me against the sponsors of this event, the City of Wallace, Shoshone County, Wallace Chamber of Commerce and Historic Wallace Marketing Group, Inc. and any other promoting organization or property owner, through or by which the event may be held for any and all damages which may be sustained by me directly or indirectly in connection with or arising out of my participation in the event, or travel to or return form the event. I grant full permission to use my name, photograph, or similar information for any publicity and/or promotional purposes without obligation and liability. I do hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and illness during the event and understand that I am responsible for any medical expenses incurred.

Entrant Signature_____Date _____

Parent/Guardian Signature if under 18 _____ Enclosed $ _____

For further information, call the Historic Wallace Marketing Group at 208.512.4677 or email at HWMG83873@gmail.com