

# HUCKLEBERRY 5K RUN/WALK REGISTRATION FORM

*AUGUST 18, 2012*

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_ Sex: Male Female  
PRINT NAME

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

E-mail: \_\_\_\_\_

T-Shirt Information (circle size): Youth: S M L XL Adult: S M L XL XXL

Age Division: Please Circle Appropriate Age Division

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

**REGISTRATION FEE: \$25.00 for 5K Run/Walk (\$30.00 after August 1)**

No T-Shirt option: \$20.00 (\$25.00 After August 1)

Registration from 7:30am to 8:30am

Run starts at 9:00 am

Fee includes Goodie Bag, Huckleberry Pancake Breakfast and T-Shirt (if ordered).  
Registrations must be postmarked by August 1, 2012, No refunds after August 1, 2012

**Mail completed form and check to:**

**HUCKLEBERRY RUN 10 RIVER STREET WALLACE, ID 83873**

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

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, assigns, 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 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 from 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: \_\_\_\_\_ Amount enclosed \$ \_\_\_\_\_

For further information call the **HISTORIC WALLACE CHAMBER OF COMMERCE**  
208-753-7151

E-Mail: [director@wallaceidahochamber.com](mailto:director@wallaceidahochamber.com) [www.wallaceidahochamber.com](http://www.wallaceidahochamber.com)