

Date
March 18, 2017



Location
Apple Athletic Club
Idaho Falls

Distances
1 Mile Walk
5K Walk
5K Run
10K Run

Individual Registration Fee (Non-refundable) \$25 thereafter until March 14, 2014
Only registrations received by March 10, will be guaranteed a commemorative shirt in the size requested.



Make checks payable to: PERSONAL BEST PERFORMANCE

Send To:
PERSONAL BEST Performance
808 Saturn Avenue
Idaho Falls, ID 83402

For information contact:
PERSONAL BEST Performance
Events@PB-Performance.com
208 521-2243

BPB Community Health and Fitness Run 2017

Please print! Illegible forms cannot be processed

Name: _____ Phone: (_____) _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____
Gender: ____

Shirt Size: YXL S M L XL 2XL (\$2.50) 3XL (\$4.00) 4XL (\$6.00)

LIABILITY WAIVER MUST BE SIGNED BEFORE MAILING:

If the waiver is not signed the registration form will be returned

I know that participating in a running event requires attention to race detail and is a potentially hazardous activity, and that I should not enter and complete unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my adherence to the event rules and my ability to safely complete the event. I assume all risks and responsibilities associated with participating in this event including, but not limited to: failure to adhere to race times and locations, falls, contact with other participants and/or wildlife, the effects of the weather, including cold and/or rain or snow, traffic and the conditions of the road and/or trail or path, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the organizers of the PB Health and Fitness Run event, City of Idaho Falls, Bonneville County, State of Idaho, PERSONAL BEST Performance, Bill's Bike and Run, and all other sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event or carelessness on the part of the persons named in this waiver. Further, I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for legitimate purposes.

Signature _____ Date: _____

(parent or guardian if under 18): _____ Date: _____