

Date
October 1, 2011

Time
9 am



Location
Start/Finish
Freeman Park
Idaho Falls

Distance
5K (3.1 Miles) run/walk
1 Mile Walk

Individual Registration Fee (Non-refundable): \$20 until August 31, 2011.
\$25 if received after August 31, 2011.
Family Registration Fee (Non-refundable): \$60 until August 31, 2011.
\$75 if received after August 31, 2011.
Contact PERSONAL BEST Performance to register

Team Registration: Contact *PERSONAL BEST Performance*

I am not participating in the RUN FOR THE CURE but I would like to donate \$_____.

I am including an additional donation of \$_____ for the RUN FOR THE CURE

Mail registration form and check to:

PERSONAL BEST Performance
808 Saturn Avenue
Idaho Falls, ID 83402

2011 RUN FOR THE CURE

Please print! Illegible forms cannot be processed

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

Event Distance 5K 1 Mile
Shirt Size: YL S M L XL XXL
Survivor Shirt () Participant Shirt ()

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 walking/running event is a potentially hazardous activity and that I should not enter and complete unless I am medically able. I agree to abide by any decision of an event official relative to my ability to safely complete the event. I assume all risks associated with walking/running in this event including, but not limited to: falls, contact with other participants and wildlife, the effects of the weather, including cold and/or rain or snow, traffic and the conditions of the road and 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 RUN FOR THE CURE event, City of Idaho Falls State of Idaho, PERSONAL BEST Performance, Rosemark Women's Care, 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: _____