



Saturday, October 1, 2011

Start Times:
Half Marathon – 9:00 am
Wheelchair Half – 8:55 am
5K – 9:45 am
Wheelchair 5K – 9:40 am

Both races to begin & end at:
Fruitland Community Park - Fruitland, Idaho

Please sign and return the following registration along with a check for your **nonrefundable** registration fee.

Make checks payable to:
Tri-County Love INC

Mail your registration and payment to:
 Kay Gulick, Race Director
 P.O. Box 1064
 Fruitland, Idaho 83619

Select Event: **Half Marathon** _____ **Wheelchair Half** _____ **5K** _____ **Wheelchair 5K** _____

\$45 entry if postmarked *by* August 31, 2011
 \$50 entry if postmarked *after* August 31st &
received by September 24, 2011
 \$55 entry day of race

\$35 entry if postmarked *by* August 31, 2011
 \$40 entry if postmarked *after* August 31st &
received by September 24, 2011
 \$45 entry day of race

Name _____

Address _____ City _____ State _____ Zip _____

Birth Date (mm/dd/yy) _____ Age _____ Male _____ Female _____

E-Mail _____ Home# _____ Cell# _____

T-shirt size (Unisex long sleeved Tech shirts) XS S M L XL XXL

PLEASE READ AND SIGN WAIVER OF LIABILITY BELOW:

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my family, my heirs, executors, & administrators, forever waive, release & discharge any and all rights & claims for damages & causes of suit or action, known or unknown, that I may have against the Run For The Hills Half Marathon & 5K, Tri-County Love INC, State of Idaho, Idaho Transportation Department, and its agencies, officials, and employees, Highway District #1, City of Fruitland, Payette County, all independent contractors, working on or near the course, all Run For The Hills Half Marathon & 5K committee members, Officials & Volunteers, all sponsors of the Half Marathon & 5K, and related Half Marathon & 5K Events and their officers, directors, agents & representatives, successors, & assigns, for any and all injuries suffered by me in this event. I attest that I am physically fit, am aware of the dangers & precautions that must be taken when running or walking in warm or cold conditions, & have sufficiently trained for the completion of this event. I also agree to abide by any decision of an appointed medical official relative to my ability to safely continue or complete the Half Marathon or 5K. I further assume and will pay my own medical expenses in the event of an accident, illness, or other incapacity regardless of whether I have authorized such expense. I hereby grant full permission to the Run For The Hills Half Marathon & 5K and/or agents hereby authorized by them, to use any photographs, videotapes, or any other record of this event for any legitimate purpose at any time without compensation. I have read and understand this waiver.

Signature _____ Date _____

Parent or Guardian (if under 18) _____ Date _____