



# The Missoula All Women's 5K

Saturday, Oct 8, 2011



**Community Medical Center Campus, 9:30 am**  
You can Download a Registration Form/Link To On-Line Registration from  
[www.runwildmissoula.org](http://www.runwildmissoula.org) On-site registration closes 9:00 race day, Oct 8.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_  
Zip/Postal Code \_\_\_\_\_ Country (other than USA) \_\_\_\_\_  
Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age on Race Day \_\_\_\_ Gender: F (women only please)  
Telephone # ( \_\_\_\_\_ ) \_\_\_\_\_ Email address: \_\_\_\_\_

**Shirts** Women's (they run small, go up a size!) S(0-4) M(4-8) L(8-10) XL (10-12) XXL(12-14); Youth S M L

**Entry Fees** (the earlier the better for you and for us, \*\* \$2 off each individual or family category for Run Wild Missoula members

Individual  \$20 (thru Sept 25)  \$25 (Sept 26-Oct 7)  \$30 (Oct 8)  
Teams (individual submits form, team=5+):  \$18 (thru Sept 25)  \$23 (Sept 26-Oct 7)  \$28 (Oct 8)  
Family/(up to 4)  \$70 (thru Sept 25)  \$85 (Sept 26-Oct 7)  \$110 (Oct 8) (Family/Team \_\_\_\_\_)  
[ ] \$3 optional donation to Ava Nichole Fund for breast health patients during diagnosis and treatment

Make checks payable to: RunWild Missoula, W5K , PO Box 1573, Missoula, MT 59806

Registration Date \_\_\_\_\_ Amount Paid (Family- all forms together in one envelope, Teams can enter individually) \_\_\_\_\_

### Waiver and Release Statement

In consideration of accepting this entry, I RELEASE - for myself and my heirs, executors, administrators, legal representatives, assigns and successors in interest, and for my child (if parent or guardian signing on behalf of a participant under the age of 18, referred to as "my child") - the Run Wild Missoula, the City of Missoula, Missoula County, Community Medical Center, Northern Rockies Heritage Center, Historical Museum of Fort Missoula and all other promoters, sponsors, organizers and volunteers of this event, and the officers, directors, shareholders and/or members, agents and employees of each, as well as all medical, law enforcement and other personnel assisting with this event, the owners of property through which the event course traverses, and their representatives, successors and assigns (collectively "Released Parties") from any and all rights, claims or liability for damage for any and all injuries to me, my child or my property arising out of or in connection with my participation in this event, including acts of God. I further agree that I WILL DEFEND, INDEMNIFY AND HOLD HARMLESS the Released Parties against all claims, demands and causes of action, including court costs and reasonable attorneys' fees, directly or indirectly arising from any action or other proceeding brought by or prosecuted contrary to this Agreement for the benefit of me or my child. This Agreement extends to all claims of every kind and nature whatsoever, whether known or unknown. I FULLY ASSUME THE RISKS ASSOCIATED WITH MY AND/OR MY CHILD'S PARTICIPATION IN THIS EVENT, including but not limited to: the dangers of falls and collisions with pedestrians, vehicles and fixed or moving objects; the dangers of road conditions, surface hazards, weather conditions, and inadequate clothing; encounters with wild or domesticated animals; the possibility of serious physical and/or mental trauma or injury or death associated with an athletic trail run; and dangers caused by others' negligence. I certify that I am and/or my child is physically and mentally fit to participate in this event. I understand that entry fees are necessary to meet the cost of preparation, months in advance of the run, and that if the run is canceled because of weather conditions, fire, drought, acts of God, or other circumstances beyond the control of run management, the entry fee will not be refunded. I also grant permission for the use of any photo-graphs, motion pictures, recordings or any other record of my participation in this event for any legitimate purpose. PARENT OR GUARDIAN MUST SIGN FOR MINOR.

Signature of Participant/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Participant: \_\_\_\_\_ Printed Name of Parent /Guardian: \_\_\_\_\_

