



Run Wild Missoula Event



MISSOULA MILE

Walk/Run To Benefit Prostate Cancer Awareness
Proceeds to go to Partnership Health Center.

**FREE BONDI BANDS FOR
FIRST 100 PEOPLE
WHO REGISTER.**

SCHEDULE:

- Prep (10-18) - 9:00 a.m.
- Women's Walk/Run - 9:20 a.m.
- Men's Walk/Run - 9:40 a.m.
- Kids 1/2 Mile - 10:00 a.m.
- 1st Responders Race - 10:30 a.m.

SUNDAY, JUNE 3, 2012

All Races Start Downtown Missoula, leading to Big Dipper Ice Cream and back.
Parents welcome to run with kids.

ENTRY FORM

Early registration closes Wednesday, May 30, 2012. Race-day registration starts at 7 a.m. at the Runner's Edge. Register online at www.runwildmissoula.org. All finishers in Kids race receive FREE ice cream from Big Dipper!

Last Name _____ First Name _____ Middle Initial _____
 Address _____ City _____ State/Province _____
 Zip/Postal Code _____ E-mail address: _____
 Male _____ / Female _____ Age on Race Day _____ Telephone # (_____) _____

REGISTERING FOR: OPEN MILE PREP 1ST RESPONDERS \$5 KIDS 1/2 MILE
ENTRY FEE: EARLY REGISTRATION \$20 (Thru Wednesday, May 30th)
 RWM MEMBERS \$18 (Thru Wednesday, May 30th)
 LATE/RACE-DAY REGISTRATION \$25
 DONATION TO PARTNERSHIP HEALTH CENTER

MAKE CHECKS PAYABLE TO: RUN WILD MISSOULA, PO Box 1573, Missoula, MT 59806

Applications may be dropped off at Runner's Edge, 325 North Higgins Avenue, Missoula, MT, 59802.

WAIVER AND RELEASE STATEMENT FOR MISSOULA MILE:

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 and all other promoters, sponsors, organizers and volunteers or 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 photographs, 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: _____ DATE: _____

PRINTED NAME OF PARTICIPANT: _____

IF PARTICIPANT IS YOUNGER THAN 18 YEARS

SIGNATURE OF PARENT/GUARDIAN: _____

PRINTED NAME OF PARENT / GUARDIAN: _____

OFFICE USE: CHECK # _____ AMOUNT \$ _____ RACE # _____ OTHER _____

