

FEATURED EVENT

Date
Saturday
December 06, 2008
Time
9 am



Location
Idaho Falls
Community Park
Distance
5K Run / Walk

Info Phone: (208) 521-2243

Registration Fee (Non-refundable): \$20 before November 20 - \$25 after November 20
Run or walk to benefit others

Staging Area:

The Start/Finish and Staging area will be at Community Park.
Raffle to follow event

Mail registration form and check to:

PERSONAL BEST Performance
808 Saturn Avenue
Idaho Falls, ID 83402

08 Jingle Bell Run

Please print! Illegible forms cannot be processed

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Gender: ___ Birth date: ___/___/___ Age on Run Day: _____ Phone: (____) _____

E-mail address: _____

LIABILITY WAIVER MUST BE SIGNED BEFORE MAILING:

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

I know that running a race is a potentially hazardous activity and that I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with 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 Jingle Bell Run, City of Idaho Falls, Idaho, PERSONAL BEST Performance, 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: _____