

A Your Info

Register online at www.celebrateall.org or complete the four parts below. If you're on a team, give your entry form and fee to your Celebration Team Leader. For your entry to be eligible, complete the entire form. **One form per person.**

Has your name changed since your last participation? NO YES Previous name: _____

LAST NAME: *(One form per person please)* FIRST NAME: M.I.

MAILING ADDRESS: Is this a new address since your last participation? NO YES

CITY: STATE ZIP CODE:

EMAIL ADDRESS: *Your email address will only be used for Celebration communication. It will not be sold to outside parties.*

DAY PHONE: () - BIRTH DATE (MM/DD/YEAR): GENDER F M

TEAM NAME: *Remember... if you're on a team, give your entry form and check to your Celebration Team Leader • Counts are taken 9/10/2012 at noon.*

Are you staying in a hotel? NO YES # of Nights: _____ Which hotel? _____

C Register today! Prices increase on September 1, 2012. Wave & Entry Fee

1 Select your wave...

TIMED, COMPETITIVE WAVES *(includes timing chip)*

Red Wave Competitive Run

Yellow Wave Fitness Walk *Must WALK the entire course; no running.*

FUN, FRIENDS & FAMILY WAVES

Purple Wave *Non-Competitive Run or Walk (No wheels)*

Blue Wave *Non-Competitive Run or Walk (No wheels)*

Orange Wave *Family/Stroller/All Wheels Division*

2 Check your entry fee...

INDIVIDUAL ENTRY FEE: *Please note: select age at time of event*

| | |
|----------------------------|----------------------------|
| ADULT (18+) | YOUTH (6-17) |
| <input type="radio"/> \$25 | <input type="radio"/> \$15 |

Elite Seeding RUN & WHEELCHAIR
 Visit www.celebrateall.org for Elite Seeding registration information.
 Elite Seeding Entry Deadline is September 9, 2012.



We're rolling back our fees to 1993 prices...our gift to you!
 Enjoy Special 20th Anniversary pricing until 9/1/12.

3 Write your fee here...

Entry Fee..... \$ _____
 One form per person. For additional forms, please visit www.celebrateall.org

My Gift..... \$ _____
 St. Luke's Women's Health Fund

I am unable to attend the 5K this year, but please accept my gift.

Total Due..... \$ _____

*Please enclose a check or money order payable to: St Luke's Celebration
 PO Box 170 • Boise, ID 83701-0170
 To use your credit card, please register online.*

4 SIGNATURE DATE

MUST BE SIGNED TO BE VALID SIGNATURE OF PARENT/GUARDIAN (If participant is under 18) DATE

B T-Shirt Size

You **MUST** select a size in order to receive your T-Shirt. If no size is selected you'll automatically be assigned a LARGE.

Adult Shirt Style & Size:

Unisex Ladies Cut

S M L

XL 2X 3X 4X

Youth Sizes

YS (6-8) YM (10-12)

Tiny Tot Sizes
Tiny Tot shirts are ONLY available to participants 5 and under. No exceptions!

12M 2T 3T 4T



Pick-up your T-Shirt & Race Number at the Women's Show
 September 20 & 21 • 10am-8pm
 Boise Centre

Please note: Shirts are ordered months in advance. We'll do our best to fulfill your request, however we cannot guarantee size.

D Waiver

RELEASE FORM AND WAIVER OF LIABILITY By checking the box below, you agree, warrant and covenant as follows: In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my family, my heirs, executors, and administrators, forever waive, release and discharge any and all rights & claims for damages & causes of suit or action known or unknown, that I may have against St. Luke's Regional Medical Center, Ltd., Idaho Women's Health and Fitness Education Celebration, Inc., and its affiliates, the City of Boise and its police department, Ada County Highway District, race officials, volunteers, sponsors, contributors, and organizers & their officers, directors, employees, agents & representatives, successors, & assigns, for any and all injuries that may be suffered by me in this event. I attest that I am physically able to complete this event and am aware of the dangers & precautions that must be taken when running or walking in warm or cold conditions. I also agree to abide by any decision of an appointed medical official relative to my ability to safely continue or complete the event. I further assume and will pay my own medical & emergency expenses in the event of an accident, illness, injury or other incapacity regardless of fault or whether I have authorized such expenses. Further, I hereby grant full permission to use any photographs, videotapes, motion pictures, recording, or any other record of this event for any legitimate purpose at any time. My registration serves as my permission to receive Celebration communications only. I understand that my information will not be sold or released to third parties and I have the option to decline Celebration communications by calling or sending written notice to the Celebration Office. I further understand that there are no entry refunds, exchanges, transfers or rollovers, and that the event may be cancelled due to severe weather conditions, natural disasters, and threats to local and national security including suspected terrorist activity or other unforeseen circumstances beyond Celebration's control. I also hereby affirm that I am eighteen (18) years of age, have read this waiver carefully & understand it. If the participant is less than 18 years of age, the parent/guardian of the minor participant must submit entry on the minor participant's behalf. As the parent/guardian, I hereby acknowledge and execute the foregoing Waiver release for and on behalf of the minor named herein and I assume full risk for and on behalf of the minor participant. In submitting this form I hereby authorize medical treatment for any injuries sustained during this event.

For Office Use Only
 St. Luke's Women's Fitness Celebration 5K Run, Walk & Stroll
Official 2012 Entry Form
 Saturday, September 22 • Idaho State Capitol
celebrateall.org
 What Do You Celebrate?®