NO STAPLES PLEASE

St Luke's Women's Fitness Celebration 5K Run, Walk & Stroll

Official 2011 Individual Entry Form

Saturday, September 24 • 8:30 a.m. • Idaho State Capitol

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 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): / / CODE: W 1

TEAM NAME: *Remember… If you're on a team, give your Entry Form and check to your Celebration Team Leader* • Team Deadline is September 11th

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

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 Sizes

❍ S ❍ L ❍ XXL
❍ M ❍ XL ❍ XXXL

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 22 & 23 • 10am-8pm
Boise Centre

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

C Wave & Entry Fee

Register online & save! Receive additional savings on Individual and Team Entries through online registration. Visit **www.celebrateall.org** today!

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

RACE DAY REGISTRATION

❑ **Race Day Registration**
Blue, Purple & Orange Waves Only
Register on Saturday, September 24, Capitol Park, Downtown Boise

2 Check your entry fee…

Individual Entry Fee: *Register online & save!*

ADULT (18+)	TEEN (13-17)	CHILD (6-12)
❍ $34	❍ $23	❍ $21

Team Member Entry Fee:

ADULT (18+)	TEEN (13-17)	CHILD (6-12)
❍ $31	❍ $21	❍ $19

Please note: select age at time of event

Individual Entry Fee: *Register online & save!*

ADULT (18+)	TEEN (13-17)	CHILD (6-12)	TINY TOTS (5 & under)
❍ $30	❍ $19	❍ $17	❍ $10

Team Member Entry Fee:

ADULT (18+)	TEEN (13-17)	CHILD (6-12)	TINY TOTS (5 & under)
❍ $27	❍ $17	❍ $15	❍ $10

Race Day Entry Fee:

ADULT (18+)	TEEN (13-17)	CHILD (6-12)	TINY TOTS (5 & under)
❍ $35	❍ $25	❍ $20	❍ $10

ELITE SEEDING Run and Wheelchair
Visit www.celebrateall.org for Elite Seeding registration information. Elite Seeding Entry Deadline is September 11, 2011.

3 Write your fee here…

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

My Gift ..... $ _____
St. Luke's Celebration
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.

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 & 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 outside 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.

MUST BE SIGNED TO BE VALID

SIGNATURE _____ DATE _____

SIGNATURE OF PARENT/GUARDIAN (If participant is under 18) _____ DATE _____

For Office Use Only

NO BICYCLES, ROLLERBLADES, or SKATEBOARDS ★ NO DOGS PERMITTED ★ NO REFUNDS, NO EXCEPTIONS ★ COPIES OF THIS FORM ARE OK ★ THIS IS NOT A LATEX-FREE EVENT