

Brain Injury Relearning Services
856 Allowance Avenue SE Medicine Hat, AB T1A 7S6
Phone: 403-528-2661 Fax: 403-528-2647
18th Annual ½ Marathon, 10K Run, and 5K Run/Walk
September 11, 2010

Registration & Waiver

Name: _____

Please Print All Information Thanks!

Gender: ___ Male ___ Female

Address: _____

Postal Code: _____

Telephone: (___) _____

E-Mail: _____

Age on Race Day: _____

Distance: ___ 5Km ___ 10Km ___ ½ Marathon

Shirt Size: ___ XS ___ S ___ M ___ L ___ XL ___ XXL

* While supplies last*

Athletics Alberta Number (If applicable) _____

Emergency Contact: _____

Name: _____

Telephone: _____

I the undersigned, for myself and my heirs, personal representative assigns and executors, do hereby release and forever discharge Brain Injury Relearning Services, it's members, and all sponsors of said event for any and all claims, demands, costs, expenses, loss of service actions arising from any and all personal injury, disability, and property damage or loss of any kind that I may sustain training for or participating in this event. I fully understand the nature of the activities I am participating in and acknowledge the hazards of said activities and voluntarily assume the risk of injuries to my person or property of others. If an injury should occur to me, I authorize proper treatment. If the participant is under the age of 18 years, his/her parent or guardian must sign for him/her.

Signature: _____

Date: _____