UFO Day Fun Run

Kid's 1 Mile Run 8:30 a.m.

10K Run and 5K Run/Walk 10:00 a.m.

Print Name: _____ Age_____ Sex _____

Last First

Address: _____

Street City State Zip

Please Circle:

Shirt Size: S M L XL (*Long Sleeve*)

Event: 5K Walk 5K Run 10K Run

In consideration for my right to participate in this race event, I for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damage I may have against the Belleville Community Health Improvement Project, Village of Belleville, all sponsors and all race officials for all claims of damages, demands, actions whatsoever in any manner as a result of my participation in said race. I also understand that any sponsor may subsequently use for publicity/promotional purposes my name and/or pictures without obligation or liability to me.

_____ _____ _____

Signature Parent or Guardian if under 18 Date

Pre-Registration $15/Race Day Registration $20 Checks Payable to BCHIP

Mail entry to:
UFO Fun Run PO Box 106 Belleville, WI 53508

Drop off at:
Belleville Clinic or Express Fitness Community Health Club

Proceeds Benefit Belleville Community Health Improvement Project (BCHIP)