

# Boyne Falls Polish Festival 5k Run/Walk



**Saturday August 3, 2019**  
at  
**Boyne Falls School**

**\*\$15 payment due with registration**  
**\*\$30 payment for up to 3 family members**  
**(registration form required for each member)**

**\*\*Shirts are guaranteed to all registrations received by July 18<sup>th</sup>**

**\*\*\*Each participant will receive a finishers medal**

**7:00 a.m.—Registration/Shirt pickup 8:00 a.m.—Run/Walk Begins**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: M / F

T-Shirt Size: Please circle size.

Adult T-Shirt:                    S    M    L    XL    XXL

Youth T- Shirt:                    M    L

Make checks payable to: Boyne Falls Cross Country

Mail to: Boyne Falls Polish Festival

Attn: Heather Smith

PO BOX 187

Boyne Falls, MI 49713

## RELEASE

In consideration of the foregoing, I, myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive and release all my rights, claims and courses of action I have or may have against this event, its Primary Sponsor (Boyne Falls Polish Festival) and its affiliates, their agents, employees, officers, directors, successors and assigns, the County, the Town, Boyne Falls Public School, and any and all sponsors, their representatives and successors, that may arise as a result of my participation in this event, and any pre- and post-event activities. I attest and verify that I am physically fit, have been medically cleared to participate, and have sufficiently trained for the completion of this event. I give full permission to Boyne Falls Polish Festival to use any photographs, videotapes, or other recordings for any legitimate purpose including commercial advertising.

x \_\_\_\_\_  
Signature

x \_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date