



# FULL MOON IN JUNE RUN REGISTRATION

OFFICE USE ONLY  
Bib Number

DATE: Sat., June 1, 2013

Name:

**START TIMES:**

Registration: 7 p.m. MT  
2-Mile Run/Walk: 8 p.m. MT  
5K & 10K: 9 p.m. MT

Gender:

Age:  
As of race day

Birthday:

Mailing  
Address:

**LOCATION:**

General Services Shop  
Directly east of Tribune  
on County Road Q

City:

State:

Zip Code:

Home Phone:

Cell Phone:

Email:

**Registration:** 7 p.m. MT at the General Services Shop.  
Participants can pre-register by submitting this form along with payment to  
**Please make checks payable to Full Moon in June and mail to:**  
Greeley County Health Department  
P.O. Box 537  
Tribune, KS 67879

**Awards:** Trophies to top male and top female overall finishers. Medals will be awarded to top three in each race.

In which race(s) will you participate:  Family 2-Mile Run/Walk  5K  10K

**For 5K & 10K Runners Only**

**T-Shirt Size:** (please select):  Adult S  Adult M  Adult L  Adult XL  Adult XXL

**RELEASE OF LIABILITY:**

In consideration of the acceptance of my entry in the Full Moon in June Run, I, the undersigned and, if less than 18 years of age, my parent or guardian, do so at my own risk. I know that running is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I also know that, although police protection might be provided, there could be traffic on the course route; therefore I assume the risk of running in traffic. I also assume any other risks associated with running this event including, but not limited to, falls, contact with other participants, the effects of weather, conditions of the road, and encounters with animals. I understand I am solely responsible for my own safety while traveling to and from or participating in this event. Knowing these facts, I hereby for myself, my heirs, executors, administrators, or anyone else who my sue on my behalf covenant not to sue, and waive release, and discharge the sponsors, or contributors to this event, any race officials, volunteers, Unified Greeley County, Greeley County Health Department, Greeley County Schools, and Greeley County Recreation Foundation, their representatives, successors, or assignees from any and all claims of liability for death, personal injury, or property damage of any kind or nature whatsoever arising out of, or in the course of my participation. I also give permission for the free use of my name and/or pictures in broadcasts, telecasts, newspapers, poster, advertising, etc. I understand that the entry fees are non-refundable.

**SIGNATURE:**

Parent or guardian signature for participants under 18: \_\_\_\_\_

DATE: \_\_\_\_\_

Emergency contact and phone number: \_\_\_\_\_

**Registration Fees**

Family 2-mile:	<input type="checkbox"/> \$10.00
Early Bird 5K/10K: (postmarked by May 28)	<input type="checkbox"/> \$18.00
Regular 5K/10K	<input type="checkbox"/> \$20.00
Early Bird 2-Mile + 5K or 10k: (postmarked by May 28)	<input type="checkbox"/> \$20.00
Regular 5K/10K	<input type="checkbox"/> \$25.00
SWFTR—\$2 discount On 5K/10 K	<input type="checkbox"/> -\$2.00
Total [	]

For more information, please contact  
Greeley County Health Department  
(620) 376-4200  
Or email [Tribune\\_run4fun@hotmail.com](mailto:Tribune_run4fun@hotmail.com)