

Entry Form
BMO April Fool's Run 2019



Official use
 Bib #

Please PRINT CLEARLY

FIRST Name _____

LAST Name _____

Address _____

City _____ Prov./State _____

Country _____ Postal Code _____

Phone _____ day eve cell

Email _____

Sex: Male Female **Age** on April 7, 2019 _____

Date of Birth: day _____ month _____ year _____

Estimated Time: <1:30 1:30-1:59 2:00-2:29
 2:30-2:59 3:00+ (Early Start)

Group name: _____

Medical conditions _____

Medications taken _____

Waiver (must be signed)

In consideration of you permitting me to participate in this event, I hereby, for myself, executors, administrators and personal representatives, release the organizers of this event, their agents, B.C. Athletics, volunteers and the event sponsors from all liability, and I waive, as against the organizers, agents, B.C. Athletics, volunteers and event sponsors, all claims of any kind whatsoever I may have for personal injuries or property losses suffered by participation in this event. I certify that I have full knowledge of the risks involved in this event and I am physically fit and able to participate, and that unless indicated to the contrary by the signature of parent/guardian below, I am 19 years or older.

Signature (parent/guardian if under 19) **Date**

Fees

by	by	by	by	Walk-up\$	_____
<u>Dec 31</u>	<u>Feb 17</u>	<u>Mar 17</u>	<u>Apr 3</u>			
\$33	\$38	\$43	\$48	\$50		

Age 60+ or 19 & Under deduct \$2 each\$ - _____

BC Athletics "competitive" member deduct \$3\$ - _____

Current BC Athletics # _____

T-shirt \$18 ea x _____\$ + _____

Women's XS S M L XL XXL

Men's S M L XL XXL

Personalized Finisher Medal Insert \$7.50\$ + _____

TOTAL \$

Cheque or money order payable to: **April Fool's Run**
 Mail to: 7838 Redrooffs Road, Halfmoon Bay, BC V0N 1Y1
 (Credit cards accepted only for ONLINE registration)