

**FEATURED EVENT**

**Health & Fitness**

**Date**  
Saturday  
May 17, 2008

**Time**  
9 am

**Location**  
Idaho Falls  
John's Hole Forebay  
Idaho Falls - Greenbelt  
**Distance**  
5K - 10K



**Run / Walk**  
**5K - 10K**

**Information Phone:** **PERSONAL BEST Performance** - 208.521.2243  
**Community Care** – 208.525.8448 or 208.359.1770

**Registration Fee (Non-refundable):** **\$20 Before May 1<sup>st</sup>**  
**\$25 After May 1<sup>st</sup>**

Registration forms and/or fees received after 5 pm on May 01 will be accepted, but participants **may** not be able to receive the race shirt in the size requested.

**Staging Area:**

The Start/Finish and Staging area will be at John's Hole Forebay on the Greenbelt.

Participants may pick up their registration packets/bags between 8 and 8:45 am on race day. Race day registration will be from 8 to 8:45 am.

**This is a 2008 PERSONAL BEST Performance Running Series event**

Mail registration form and check to:

**PERSONAL BEST Performance**  
808 Saturn Avenue  
Idaho Falls, ID 83402

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Community Care Fitness Run Please print! Illegible forms cannot be processed

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Gender: \_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Age on Run Day: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Event Distance \_\_\_\_\_ Shirt size (circle): S M L XL XXL

E-mail address: \_\_\_\_\_

**LIABILITY WAIVER MUST BE SIGNED BEFORE MAILING:**

**If the waiver is not signed the registration form will be returned**

I know that running a race is a potentially hazardous activity and that I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants and wildlife, the effects of the weather, including cold and/or rain or snow, traffic and the conditions of the road and path, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the organizers of the Community Care Fitness Run, City of Idaho Falls, Idaho, PERSONAL BEST Performance, and all other sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event or carelessness on the part of the persons named in this waiver. Further, I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for legitimate purposes.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

(parent or guardian if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

We would like to thank Community Care as the sponsoring organization