

**5 mile @1pm** **3 mile @2pm** **1 mile @3pm**

# 2010 ICE BREAKER ENTRY FORM

PLEASE PRINT CLEARLY--FILL OUT COMPLETELY--ONE ENTRANT PER FORM/COPIES OK

First Name	MI	Last Name
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AGE	<input type="checkbox"/> M	For Official Use Only
as of 4/25/10	<input type="checkbox"/> F	

Mailing Address
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City	State/Province	Zip/Postal Code	Date of Birth
			Mo Day Yr

Day Phone	Evening Phone	T-Shirt Size
		YM S M L XL

<b>DIVISIONS:</b>	5 & Under <input type="checkbox"/>	13-15 <input type="checkbox"/>	25-29 <input type="checkbox"/>	40-44 <input type="checkbox"/>	55-59 <input type="checkbox"/>	70-74 <input type="checkbox"/>
MALE <input type="checkbox"/>	6-9 <input type="checkbox"/>	16-18 <input type="checkbox"/>	30-34 <input type="checkbox"/>	45-49 <input type="checkbox"/>	60-64 <input type="checkbox"/>	75 & Over <input type="checkbox"/>
FEMALE <input type="checkbox"/>	10-12 <input type="checkbox"/>	19-24 <input type="checkbox"/>	35-39 <input type="checkbox"/>	50-54 <input type="checkbox"/>	65-69 <input type="checkbox"/>	Wheelchair <input type="checkbox"/>

Distance [Please check one]	Predicted Time [In Minutes]
<input type="checkbox"/> 5 Mile Run @ 1pm	_____
<input type="checkbox"/> 3 Mile Race / Run @ 2pm	_____
<input type="checkbox"/> 1 Mile Run / Walk @ 3pm	_____

Mail your entry to:  
**City of Great Falls Park and Recreation Dept.**  
**P.O. Box 5021 Great Falls, MT 59403**

READ THIS! I know that running a road race is potentially hazardous activity. I should not enter a run unless I am medically able and properly trained. In consideration of acceptance of my entry, I, for myself and anyone entitled to act on my behalf, waive and release, The City of Great Falls, AA Sports, and all sponsors, individuals, and volunteers, their representatives and successors from all claims or liabilities of any kind arising out of my participation even though said liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission for all of the foregoing to use any photographs, motion pictures, recordings of any other record of this event for any legitimate purpose. Parent or legal guardian must sign if athlete is under 18: This is to certify that my child has permission to compete in this event, is in good physical condition and that event officials may authorize necessary emergency treatment. NO ENTRY WITHOUT VALID SIGNATURE.

_____ Signature	_____ Date	_____ Signature of Parent/Guardian if Participant is under 18 years / Date
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