

Make payment only to
City Run Xpress, Belize
1310 Crown Cone Avenue
Coral Grove
Belize City
E-mail: cityrunxpress@gmail.com

RUNNING FOR HEALTH AND ENVIRONMENT - 5K AND 10K, BELIZE CITY

SATURDAY, JUNE 18, 2016 - STARTING AT 5:00 PM BARON BLISS LIGHT HOUSE
ROUTE: MARINE PARADE BLVD/PRINCESS MARAGRET DRIVE, ENDING AT MEMORIAL PARK

REGISTRATION COST - \$25.00 PER PERSON

FIRST NAME LAST NAME

EVENT: 5K 10K AGE ON RACE DAY GENDER

LOT/HOUSE NO. STREET NAME AREA

CITY/TOWN/VILLAGE DISTRICT/STATE

COUNTRY ZIP CODE PHONE NO.

Email: _____ DIFFERENTLY ABLED PERSONS
(mandatory for confrmation)

"I know that running a road race is a potentially hazardous activity, which could cause injury or death. I should not enter and participate unless I am medically and properly trained, and by signature, I certify that I am medically able to perform this event, am in good health, and am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with running in this event, including, but not limited to: falls, contact with other participants, the effects of the weather (including high heat and/or humidity), traffic, and the conditions of the road - all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates and blades, animals, and radio headsets are not allowed in the race and I will abide by this guideline. I understand that if this event is cancelled for any reason beyond the control of the race management, my entry fee will not be refunded. Having read this waiver, 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 City Run Xpress, Belize, Belize City, its agencies, departments and officials; any other Organizers of Event, all charitable beneficiaries of Event, all sponsors of Event, and their licensees, sponsors, employees, official, volunteers, including medical volunteers, and other representatives, agents, and successors of each of the foregoing, from present and future claims or liabilities of any kind arising out of my participation in this event."

SIGNED BY: _____ (parents must sign if participant is under 16 years of age)

DATE SIGNED