

Cornbelt Running Club's
Women's Running or Walking Program
Spring 2012

Name: _____

Address:

City/State/Zip:

Email:

Telephone:

Emergency Contact Name/Phone:

T-shirt size: S____ M____ L____ XL____

\$25 for the program only; OR \$40 for program AND Cornbelt Running Club Membership (New Members only). Mail to Cornbelt Running Club, Attn: Women's Running, 315 E. George Washington Blvd., Davenport, IA 52803.

Park North, East or West of Cornbelt Office (Not in Sancho's parking lot).

WAIVER: I assume all risks associated with running or walking in this program 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. 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 Cornbelt Running club, all sponsors their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of persons named in this waiver.

Signed/Date _____