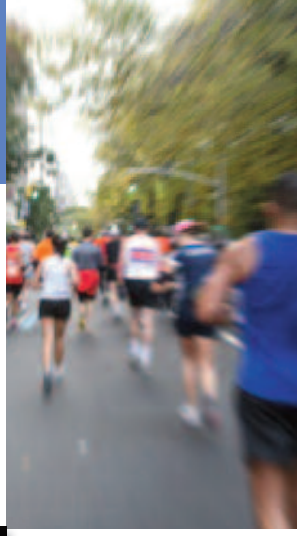
Run to See... 3rd Annual 5K Run/Walk/BBQ



Date: Sunday, September 12, 2010

Registration Deadline: August 22

Check in at 9:15 am; Run starts at 10:00 am

Location: Rhyolite Park, Crystal Valley Ranch
Castle Rock, Colorado

Questions: Matt Bolton, 720.936.4458

How did you learn about the event? If a friend, please provide a name so we can send an Earl's gift certificate:

Registration Form

Vision Health INTERNATIONAL

Entry Fee (Includes T-shirt, Race, Prize drawings, and BBQ):

- ☐ 5K Run Single $35
- ☐ 5K Run Couple $60
- ☐ 5K Run Family/Team (4) $95

	Name	*Signature for Waiver (Parent if under 18 years old)*	*Email address*
Participant 1			
Participant 2			
Participant 3			
Participant 4			

T-shirt size (indicate quantity next to size): S ____ M ____ L ____ XL ____ Adult ____

S ____ M ____ L ____ XL ____ Child ____

Name _____ Phone _____

Address _____ City _____ State + Zip _____

Waiver of liability: In consideration of my entry, I, the below signed intending to be legally bound, hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the Race Organization, Crystal Valley Ranch, the officials, and other sponsors of the Crystal Valley Ranch Fun Run and their representatives, successors and assigns for any and all injuries suffered by me at this event. I attest and verify that I am physically fit, and have sufficiently trained for the competition of this event and my physical condition has been verified by a licensed medical doctor. Further, I hereby grant full permission to any and all of the foregoing to use my photographs, video, or tapes, for any legitimate purposes. This entry is invalid unless signed by entrant (if entrant is 18 years of age or younger, parent or guardian must sign the entry.) The official race director reserves the right to reject any entry.

Signature (not valid unless signed) _____

Checks are payable to Vision Health International. Send with completed registration form to:
Vision Health International, Care of Matthew Bolton, 4091 Deer Valley Drive, Castle Rock, CO 80104

- ☐ I will be unable to participate but would like to donate $_____ to help restore the gift of sight.
- ☐ I am not running, but would like a t-shirt mailed to me in return for my donation (minimum $35). Shirt size indicated above.