

2ND ANNUAL JOURNEYQUEST 5K RUN/WALK

run for fun/walk for thought

SUNDAY, MARCH 28TH 2010

FORT COLLINS CLUB

1307 E. PROSPECT ROAD

FORT COLLINS, CO

9:00AM START TIME

PACKET PICKUP BEGINS AT 7:00AM

FOR THE BENEFIT OF SHARED JOURNEYS BRAIN INJURY FOUNDATION



Certified Course!

Awards!

Food!

Music!

& Fun!

**WALK-IN
REGISTRATION
SITES:**



1307 Prospect Rd
Fort Collins, CO 80525



150 E Harmony Rd
Unit 2C
Fort Collins, CO 80525



Fort Collins • Colorado
2720 Council Tree Ave
Suite 112
Fort Collins, CO 80525

For More information go to:
www.sharedjourneysfoundation.org

BIB NUMBER _____

Registration Form

Last Name _____, First Name _____

Address _____

City, State & Zip _____

Age on race day _____

Sex: Male _____ Female _____

T-shirt size: Small ___ Medium ___ Large ___ XL ___ XXL ___ XXL ___

Enclosed:

(No payment necessary for ages 12 & under unless a t-shirt is desired)

_____ \$20/\$18 Pre-registration (Family discount of \$2.00 off each registration form for families of 2 or more members participating.)

_____ \$25 Race day registration

_____ \$5 T-shirt for 12 & under and/or each additional T-shirt

_____ \$5 Additional donation to Shared Journeys

Pay/Register online – www.sharedjourneysfoundation.org (VISA, MC, DISCOVER, AMEX) or www.active.com

Pay by check - make checks payable to: Shared Journeys

Mail completed (signed) entry form to:

Shared Journeys Brain Injury Foundation

1743 Norwood Lane

Fort Collins, CO 80525

Or drop off at registration sites.

Release and Waiver: In consideration of the acceptance of my entry, I the undersigned participant, for myself, my family members, heirs, administrators, personal representatives, successors and assigns hereby fully release, discharge and hold harmless, the City of Fort Collins, Shared Journeys Brain Injury Foundation, Fort Collins Club, any sponsors, officers, officials, directors, employees, volunteers and lessors or any of the foregoing persons and entities from any and all liability, whether resulting from any aspect of the JourneyQuest 5K, including any pre-race and post-race activities. I also expressly covenant with the aforementioned persons or entities for any such activity, including the negligence of any such persons or entities. I certify and represent by my application for entry that my physical condition is adequate to compete safely in the JourneyQuest 5K and I hereby acknowledge that the above persons and entities have no obligation to provide medical care and have not undertaken the responsibilities to do so. In the event I receive consent to medical care as a result of a medical emergency, I hereby consent to such care and fully release the person(s) providing such care from any and all liability, whether resulting from negligence or otherwise.

Signature: _____