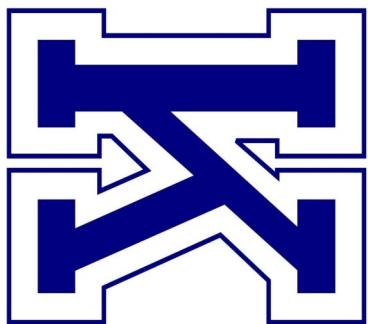
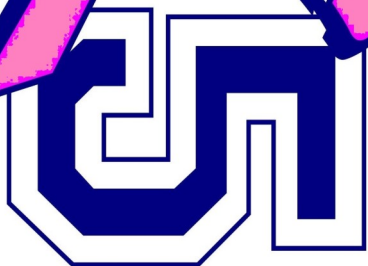
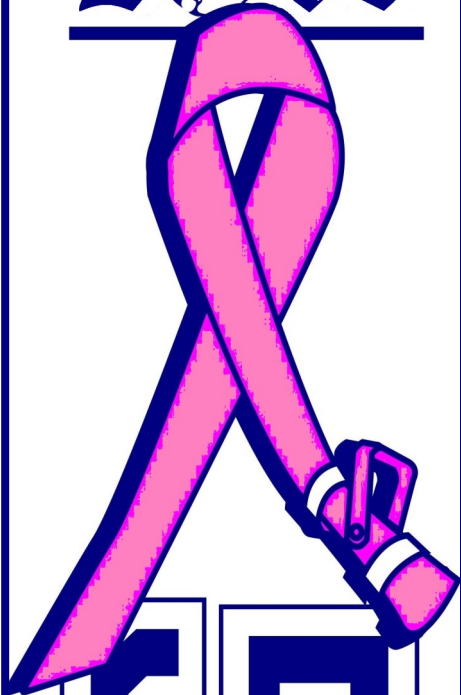


BURLEY FIRE 2019



New This Year

Register on line at [Eventbrite](#)

DATE: Saturday, October 19, 2019

TIME: Registration 8:30 – 9:30am

Race Start : 10:00 am

PLACE: Wright Physical Therapy Burley
1945 Hiland Ave, Burley, ID 83318

This Fun Run/Walk 5K Fundraiser to raise awareness and money needed for breast cancer.

The Race/walk will start at Wright Physical Therapy 1945 Hiland Ave in Burley.

We also have a 1 mile course for kids, families or participants that want to walk.

Find the Route Map on the back page!

Pre-order your hoodies

Text Justin Jensen at 208-431-4771

REGISTRATION FORM 5K RUN/WALK

Complete this form for each event participant (list family names on the back) and return/mail to Wright Physical Therapy Burley Location (1945 Hiland Ave, Burley, Idaho 83318)

First Name: _____

Last Name: _____

Gender: Male / Female Age: _____

Email: _____

Phone: _____

Address: _____

Single: \$30 Family of 4: \$60 Team of 4: \$100

Signup before October 5th and get a discount

Single: \$25 Family of 4: \$50 Team of 4: \$80

Are you running or walking? Running / Walking

5K T-Shirt Size **XS S M L XL XXL XXXL**

WAIVER

I know that running is a potentially hazardous activity. I should not enter or run in this event unless I am medically able and physically able. I agree to abide by any decision of a race official relative to my ability to safely complete the run/walk. I assume all risks associated with running/walking in this event including but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. All fees are nonrefundable. In the event of extreme weather conditions or some other unforeseen act of God that may prohibit the race, all fees are nonrefundable. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release the event, and all sponsors, their participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. Registration will not be accepted without acknowledgment of waiver sign

Signature: _____ Date: _____

MAIL OR DROP OFF TO:

WRIGHT PHYSICAL THERAPY,
1945 HILAND AVENUE,
BURLEY, ID 83318.

OR

BURLEY FIRE DEPARTMENT,
1235 MILLER AVE.
BURLEY, ID 83318

MAKE CHECKS PAYABLE TO:

BURLEY FIRE

FAMILY OR TEAM OF 4: FILL OUT FOR EACH PARTICIPANT:

Name: _____

DOB: ___/___/___ Gender: M / F

walk/run shirt size _____

Name: _____

DOB: ___/___/___ Gender: M / F

walk/run Shirt size _____

Name: _____

DOB: ___/___/___ Gender: M / F

walk/run Shirt size _____

Name: _____

DOB: ___/___/___ Gender: M / F

Walk/run Shirt size _____

