BLUFFTON PARKS DEPARTMENT

CHICKS RUN JUST FOR WOMEN 5K

THURSDAY JUNE 15, 7:00 P.M.
PICKETT'S RUN PARK IN BLUFFION, IN

A "Just for Women", "Just for Fun" 5k Fun Run on Bluffton's River Greenway.

Sure we give awards to the fastest overall and age group chicks!

We also award women who inspire us with their enthusiasm, crazy shirts,

wild socks, loudest cheers, and more!

So grab your friends, neighbors, co-workers and RUN or WALK for the pure LOVE of a fun night out with your GIRLFRIENDS.



Doorprizes
Photo Spots
Yummy Snacks
Largest Team Awards
Best Dressed Awards
Individual Time Awards





Chicks Run Schedule - Pickett's Run Park, Bluffton

5:30 Event Check In & Race Day Registration Open

6:45 Aerobic Warm Up

7:00 5K Start

7:45 Zumba Party / Food & Drinks /Doorprizes

8:15 Awards

Please bring id if you plan to drink wine. 1st glass is FREE, additional glasses are \$6

Make Checks Payable and Return to
Bluffton Parks Department, 128 E Market St. Bluffton, IN 46714
Please Sign Attached Waiver

CHICKS RUN REGISTRATION (PLEASE PRINT)

Name:	
Email:	
Address:	
Phone:	Age
T-SHIRT SIZE	select type and circle size
SIZE:	Youth Small, Youth Med, S M L XL 2XL
If you are on a TEAM NAME:	team:
Chicks	Run Registration\$25
Chicks	Run Registration (Girls 12 & Under) \$15
WAIVER AND RELEASE OF LIABILITY I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and/or property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of athletes, equipment, vehicular traffic, and actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, event monitors, and/or producers of the event. These risks are not only inherent to the athletes, but are also present for volunteers. I hereby assume all of the risks of participating in and/or volunteering at this event. I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person. I acknowledge that this Waiver and Release of Liability form will be used by the event holders, sponsors and organizers of this event and that it will govern my actions and responsibilities in connection with this event. I HEREBY WAIVE, RELEASE AND DISCHARGE the City of Bluffton, Indiana, the Mayor of Bluffton, the Common Council of the City of Bluffton, the Bluffton Board of Parks and Recreation for the City of Bluffton, the event holders, the event sponsors, Wells County, the Board of Parks and Recreation for the City of Bluffton, the event holders, the event sponsors, Wells County, the Board of Commissioners of Wells County, the Wells Council, and any agents, successors, assigns or employees of any of the foregoing (hereinafter collectively "the Releasees") from any and all claims or liabilities for death, personal injury, property damage, theft or damages of any kind, whether or not attributable to the negligence of the Releasees, which arise out of or are in any way related to my participation in this event or traveling to and from this event. I hereby consent to receive medical treatment, which may be deemed advisable in the eve	
Printed Name	
Parent/Guardian Sig	gnature for Minor Printed Parent/Guardian Name