

OPERATION T-BONE RUN FUN WALK/5K/10K

Location: City Square of Audubon, Iowa

Date: Saturday, August 6, 2016

Time: 7:15 a.m.–7:45 a.m.—Registration & Sign In
8:00 a.m.—Race Begins

Fee: 2 mi. Fun Walk \$20.00 (\$25/day of run)
5K run or 10K run \$30.00 (\$35/day of run)
(Registration fees are nonrefundable. All net proceeds will benefit the Friendship Home Foundation.)



The Friendship Home Foundation is a private 501(c)3 organization dedicated to securing and stewarding gifts and grants that benefit the Friendship Home, a long-term care facility where residents are cared for in a Christian setting of compassion and choice.

Mail-In Deadline: July 25, 2016. No guarantee of T-shirt if registration is received after the deadline.

Packet Pick Up: 5 p.m.–7 p.m. Friday, August 5th at Memorial Building (410 N Park Pl.). Or day of race before 7:45 a.m. If pre-registered, you or a representative must be present at packet pick up to ensure a T-shirt.

5K & 10K Awards: Top 2 Male and Female Finishers in each age group

12 & under	40–49
13–19	50–59
20–29	60 & up
30–39	

Water stations will be along the route, and post-race refreshments will be available.

2016 Operation T-Bone Run

Make checks payable to Friendship Home Foundation and mail to Hilaree Stringham, Administrator, 714 N Division St., Audubon, IA 50025. Photocopies of the form are acceptable. One registration per form. For questions regarding the race, please contact Hilaree at 712-563-2651.

Entry Fee:

_____ \$20 2 mile Fun Walk
_____ \$30 5K Run/Walk
_____ \$30 10K Run/Walk
_____ Donation to FH Foundation
_____ Total Enclosed



Participant Information

Name _____ Age as of 8/1/15 _____

Address _____ Gender: (M/F) _____

City, State, ZIP _____

Please Circle Shirt Size: Youth Adult XS S M L XL 2XL 3XL

Phone: _____ Email address _____

Waiver & Medical Authorization

In consideration of being permitted to participate in the Operation T-Bone Run, I, the undersigned participant (or, if under age 18, the participant's parent or legal guardian on his or her behalf): 1. Recognize and acknowledge that such activity may involve risk of bodily injury or property damage, 2. Assume full responsibility for and risk of any bodily injury, damage or loss which may occur as a result of participating in such activity, 3. Release, waive, discharge and covenant not to sue the Friendship Home Foundation and their administrators, officers, employees, members of governing and advisory bodies, representatives, agents, and volunteers (the "releases") from all liability to the undersigned for any and all damage or loss, and any claim or demand therefore, on account of injury to my person or property, whether due to negligence of the releases or otherwise, as a result of participating in any such activity, 4. Agree to indemnify and hold harmless the releases identified above from any and all loss, liability, damage or cost that they may incur as a result of my participation in any such activity, 5. In the event of any injury or illness while participating in such activity authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel, and 6. Consent to my picture being used for publicity or promotional purposes. I HAVE READ AND FULLY UNDERSTAND THIS WAIVER AND MEDICAL AUTHORIZATION AND VOLUNTARILY SIGN IT.

Signature of Participant (or legal guardian if under 18) _____ Date _____