

# JB FIT CLUB FAMILY FUN 1 MILE BULL RUN

JULY 20, 2019 -9:30AM- STANFORD, MT

Questions/Information, Contact: Connie Becker 406-390-4120,  
Mindy Claver 406-360-1106 or Billie Jo Holzer at 406-350-1072

Email : [jbfitclub@yahoo.com](mailto:jbfitclub@yahoo.com)  
Web: [www.jbfitclub.com](http://www.jbfitclub.com)



## **Walk or Run 1 Mile**

This will be a flat, family friendly 1 mile course. Race will begin at 9:30am from the Stanford Pool Park. Cost is \$15 and includes a Bull Run T-Shirt.

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Emergency Contact:** \_\_\_\_\_

**Unisex Cotton Shirt** XS S M L XL XXL or **Youth** S M L

Circle One Shirt Size.

**Race participants that pre-register will receive a race shirt. Those registering late or the day of the race may or may not receive a race shirt. Please watch for traffic and obey all traffic laws. Walkers are welcome but please leave your furry friends at home. Go to [JBFitClub.com](http://JBFitClub.com) for more information.**

**Waiver:** In Consideration of my entry in the Family Fun 1 Mile Bull Run on July 20, 2019, I understand that running is strenuous exercise. By my signature, I certify that I am medically able to perform this event, am in good health, and am properly trained. I agree to abide by the decision of any race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the event and agree to abide by them. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the JB FIT Club, Judith Basin County, all event sponsors, their representatives and successors, any volunteers, and any persons organizing this event from all claims or liabilities of any kind whatsoever (including personal injuries to me or my wrongful death) arising out of my 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. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature (if under 18) \_\_\_\_\_ Date: \_\_\_\_\_

Make checks payable to JB FIT Club and mail to P.O. Box 454, Stanford, MT 59479 or bring with to race start  
We are a non-profit organization.