



**Manitoba  
Runners'  
Association**

1046 Clarence Ave., Winnipeg, MB. R3T 1S4

Phone: 477-5185 Email: office@mraweb.ca

Website: www.mraweb.ca

After you have put in  
your miles on the road  
enjoy some free ice  
cream for your effort.

Bring your kids or  
grandkids and make it  
a family outing.

Fees: Individual \$5.00

Family \$8.00

*Presents its annual*

**Forks 5 Mile or 2 Mile Family Ice Cream Fun Run**

**Wednesday, August 11, 2010**

**The Meeting Place at the Forks 7:00 p.m. Start**

**REGISTRATION FORM**

5 Mile Run \_\_\_\_\_ or 2 Mile Run \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Family Members \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone # \_\_\_\_\_

Are you a member of the Manitoba Runners' Association? Yes \_\_\_\_\_ No \_\_\_\_\_

If No would you like to receive information about the MRA? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please fill out this registration form and bring to the run with your fee.**

**ATHLETE'S WAIVER AND RELEASE**

In consideration of the acceptance of this entry in the Forks Ice Cream Fun Run I, for myself, my heirs, executors, administrators and assigns, waive any claims to which I may become entitled for injury or damage and release the Manitoba Runners' Association and all other organizers, sponsors, representatives, their agents and employees and any other person or organization assisting in this event, including the Manitoba Runners' Association, the Board of Directors of the Manitoba Runners' Association, the Forks Market, the City/town of Winnipeg, the Province of Manitoba, and their employees and agents and other participants and volunteers in the Forks Ice Cream Fun Run, from any claims for damages or injury suffered by me as a result of my participation in this event. I further state that I am in proper physical condition to participate in the event and I am aware that road running is a potentially dangerous activity and am aware that participation could, in some circumstances, result in physical injury. I give my permission for the free use of my name and picture in broadcast, telecast or written account or this event.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature of parent or guardian (If participant is under 18 years of age) \_\_\_\_\_