ENTRY FORM

Send check payable to: BAKERSFIELD POLICE DEPARTMENT BENEFIT ASSOCIATION
c/o Andrea Pflugh, P.O. Box 59, Bakersfield, California 93302 (661) 326-3685

AGE

FIRST NAME | LAST NAME | SEX | DATE OF BIRTH

ADDRESS | HOME OR CELL PHONE

CITY | STATE | ZIP | BUSINESS PHONE

RACE

- 2K
- 5K
- 10K

5K & 10K DIVISION

- 14 & UNDER
- 15-19
- 20-29
- 30-39
- 40-49
- 50-59
- 60-PLUS
- NON – RUNNER (T-Shirt only)

T-SHIRT SIZE

- Youth
- Small
- Medium
- Large
- X-Large
- XX-Large
- XXX-Large

WAIVER-ALL ENTRANTS MUST SIGN

In consideration of this entry acceptance, I hereby, for myself, my heirs, executors and administrators, waive any and all right for damages I may have against the City of Bakersfield, the Bakersfield Police Benefit Association, USA Track & Field; or any individual associated with above for any and all injuries sustained by me in this event.

I will additionally permit free use of my name and pictures and broadcasts, telecasts, etc. I further attest and verify that I am physically fit and have sufficiently trained for competition, and my physical condition has been verified by a licensed, medical doctor.

X_____ _____ _____

Participant signature (If under 18years of age, Parent or Guardian must sign.) Date PRINT Parent or Guardian Name if Applicable