



3rd Annual *Huffing For Stuffing*
Thanksgiving Day Run
Thursday, November 26, 2009
 “Supporting the Gallatin Valley Food Bank”
REGISTRATION FORM



Official Use: Assigned Race #

Please complete the entire form for EACH PARTICIPANT and print clearly. Mail the completed form with check or money order by November 18th, 2009 to: HFS Race, c/o John Dudas, 1757 Highland Blvd, unit 1, Bozeman MT 59715. **Make checks payable to: Big Sky Wind Drinkers.**

[NEW] Women’s fitted shirts this year! See: huffingforstuffing.com/register for sizing information. Interested in a chance to win a special prize drawing from our sponsors? Refer at least 2 people (below) to register who have not run Huffing For Stuffing before. If this is your first time, refer yourself!

Names: _____

Circle Event: 5K 10K The Ridge Kids’ Run	Circle Gender: Male Female	Circle: Clydesdale / Athena Division (optional) Men 200+ #s Women 150+ #s	Preregistration Fee: 5K or 10K: \$20.00 Kids’ Run: Food Donation Race-day Registration Fee: 5K or 10K: \$25.00 Kids’ Run: Food Donation Additional Donation to Gallatin Valley Food Bank: _____ Total: _____
Last Name	First Name	Circle Shirt Size: S M L XL	
Address		City State Zip	
Birth Date / Age on Race Day	Phone	Email (for confirmation & results)	
No headphones, roller blades, dogs or bicycles on the race course. No refunds - it’s a fund-raiser!			

Start times: Kids’ Run: 8:10am 10K: 9:00am 5K: 9:15am

Note: Kids’ Run is FREE with canned food donation. Food collection will be near the Starting Line.

Children in the Kids’ Run will receive special shirts this year! All participants are invited to bring food donations for the Gallatin Valley Food Bank!

Questions or Comments? Email: huffingforstuffing@yahoo.com or call John: 406-599-6283

Official Use: Registration Date: **Amount Paid:**

Event Participant Waiver Agreement and Release: (Must be signed)

By signing this waiver you agree, warrant and covenant as follows: I know that running a road race is a potentially hazardous activity. I am in adequate physical, mental and medical condition to participate in this event. In consideration of acceptance of my entry, I, for myself and anyone entitled to act on my behalf, waive and release, the event directors, BSWD, event sponsors, Montana State University, Museum of the Rockies, Race Volunteers, Race Officials, CCR Timing, State of Montana, Gallatin County, City of Bozeman and all persons and organizations affiliated with the Huffing For Stuffing Thanksgiving Day Run from any and all liability arising from illness, injuries, damages and even death I may suffer as a result of my participating in this event. I grant permission for all of the foregoing to use any photographs, motion pictures, videos and recordings of this event for any legitimate purpose. I understand that entry fees are non-refundable. **I understand that dogs, headphones, bikes and rollerblades are not permitted on the event course. I have read and agree to abide by the conditions of this waiver.**

Participant Signature _____

Date _____

Parent or Legal Guardian if under 18 years old _____

Date _____