



# 2019 Lub Dub Registration Form

BOTHWELL FOUNDATION  
**LUB DUB**  
5K/10K WALK/RUN  
APRIL 27 • 2019

Presented By:



Complete one registration form per participant (including Kids Run participants.)

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

Phone\*: \_\_\_\_\_

Email\*: \_\_\_\_\_ (more info about race will be emailed to you)

\* Phone or email address is required for us to follow up with you if we have questions about your registration.

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Race Type\*:  10K  5K Run  5K Walk  Kids Run

Birthdate\*: (required to place you in correct age group category): \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender\*:  Male  Female

Employer participating in the **LIVE WELL WITH BOTHWELL Fitness Challenge**?  Yes  No

If yes, please provide company name: \_\_\_\_\_

\* Required field.

### Unisex T-shirt Size:

Small  Medium  Large  XL  2XL  3XL  4XL

Youth T-shirt Sizes:  Small  Medium  Large

No shirt needed

No exchanges of shirt sizes. Every attempt will be made to accommodate your request, but sizes cannot be guaranteed after April 8.

### Please sign the waiver statement below:

In consideration of this entry being accepted, I, intending to be legally bound hereby, for myself, heirs, executors and administrators waive and release any claims that I may have against Bothwell Regional Health Center Foundation, Bothwell Regional Health Center, Ultramax Timing System, any and all race sponsors and organizers, and/or their employees involved in the Lub Dub Run/Walk. I certify that I am physically able to participate in this event.

I give permission to Bothwell Regional Health Center Foundation and the Bothwell Regional Health Center to use my photographic image for advertising, media, or other purposes and consent to use my name in connection with this image.

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Signature of parent/guardian (if under 18)

### Lub Dub Entry Fees

	Until April 8	April 9-April 27	My amount
<b>10K</b>	\$30	\$40	\$
<b>5K Walk</b>	\$25	\$35	\$
<b>5K Run</b>	\$25	\$35	\$
<b>Kids Run (9 and under)</b>	\$10	\$10	\$
<b>Additional T-Shirt Size: _____</b>	\$15	N/A	\$
<b>Heart Warrior Way**:</b> Donate \$50 to have a special sign on race route that honors a heart disease survivor or to remember someone who's passed. **Complete Heart Warrior Way form. Go to: <a href="http://www.brhc.org/LubDub">www.brhc.org/LubDub</a> for more info.			\$
<b>Heart Fund Donation:</b> round your entry fee up to give more to the Camye Callis-Gaspard Memorial Heart Fund			\$
<b>Total Amount Enclosed</b>			\$

To pay with credit card, please complete this section:

Visa  MasterCard  Discover  Amex

Yes, please charge an additional \$3 to my card to offset credit card processing fees so the full amount of my entry fees / donation will benefit the Foundation.

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

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

Make checks payable to: **Bothwell Foundation**

Mail to: 601 E. 14th St | Sedalia, MO 65301