

Bear Festival Country Bear Fun Run



As part of the Bear Festival activities, the McCleary Civic Renewal Council is hosting a 1.25-mile fun run, trot, and walk through the city of McCleary. Costumes are encouraged, and prizes will be awarded! The run is scheduled for the morning of July 10 and will finish prior to the parade.

Prize	Categ	ories
1 1120	Catte	OLICS

Best kid costume (13 and younger)	Most beariest
Best teen costume (14 and older)	Best family costume

Want to Join?

On July 10, packet pickup/registration begins at 8:00 a.m. at the Summit Pacific Parking Lot. Fun run begins at 9:00 a.m.

We are also offering a bear run-themed T-shirt to commemorate the event. **T-shirts must be ordered before June 14 so they are available for pickup the day of the run. **

For more information visit https://www.facebook.com/mcclearyevents/.

Register online at -

https://runsignup.com/Race/WA/Mccleary/2021BearFestivalCountryBearFunRun.



Entry Form (One Person Per Form)

Name	Pno	one	
Address	City		
State/Zip Code	Email	Phone number	
Category: Male Female	Age **Kids five an	d under run for free **	
Fees: Fun Run (no T-shirt)			\$5
Fun Run + T-shirt (Kids 17 a	nd under and Veterans)	T-shirt size	\$20
Fun Run + T-Shirt (Adults)		T-shirt size	\$25
(T-shirt availability on day of fu	n run is not guaranteed if you regis	ter after June 14.)	
T-shirt size: Adult S, M, L, XL	Kids S, M, L		
Total Enclosed (Write checks to McCl	eary Civic Renewal Council and ma	ail to PO Box 603 McCleary, WA	98557) \$
Payment □ Cash □ Chec	k #		
☐ I have read and signed the	e waiver of liability below.		
Signed:			

RELEASE AND WAIVER OF LIABILITY

By my signature below, I execute the following release and waiver of liability and assumption of risk and indemnification in favor of McCleary Civic Renewal Council (MCRC), a Washington nonprofit corporation organized and existing under the laws of the State of Washington, USA, its affiliates and associated parties. In consideration of acceptance of this entry form authorizing participation by myself/my minor child in the Country Bear Fun Run (hereinafter "Event"), I execute this waiver/release and assumption of risk/indemnification on behalf of myself, my heirs, executors, administrators, and all other parties including my marital community, and any other individual with parental/guardianship interests. I/my child desire to participate in the Event. I understand that participation in the Event presents elements of risk, including but not limited to risk of injury, harm, illness, death and property damage. I understand that I bear the responsibility of ensuring that I/my child am/is medically able and properly trained to participate in the Event. I hereby freely, voluntarily, of my own will (and after consultation with and approval by my spouse and/or any other individual with parental/guardianship interests in the case of Event entry by my minor child), agree to release, forever discharge and hold harmless and indemnify MCRC from any liability with respect to any claim that may arise, related in any way to my/my child's participation in the Event. I intend this release, waiver, indemnification and assumption of risk to be as broad in its extent and purpose as the law will allow, including claims arising from MCRC's negligence. I authorize the provision of medical care/treatment as deemed necessary by MCRC, and intend this waiver to apply to any treatment or other medical services rendered in connection with my/my child's participation in the Event. I understand that MCRC does not carry or maintain, and expressly disclaims responsibility for providing any health, medical or disability insurance coverage for Event participants. Each participant is expected and encouraged to carry insurance prior to participating in the Event. I have read this entire Release and understand all of the provisions. I understand that I may consult with independent legal counsel before signing this agreement if I have any questions or concerns. I express my agreement with the foregoing provisions by my signature below.

igive permission for my pn	oto to be used for publicity or results.
Name of Adult Participant or M	inor Child Participant (please print):
Signature of Adult Participant	or Parent/Guardian of Minor Participant:
Date Signed:	Participant's Age:
Participant's Phone Number: (_)
Participant's Address:	
City/State/Zip:	