CASH$_____

CHECK made out to City of Fruita$_____

Sweet Heart

HEALTH EXPO, RUN/WALK and FAMILY SCAVENGER WALK

Saturday, Feb 20, 2010

Fruita Civic Center

325 E Aspen

Pre-Register Until Feb. 12, 2010- Fee: 5K $17 & 10K $20

Late Registration Fee after Feb 12- Fee: 5K $22 & 10K $25

Race Day Registration 7:30-8:30am

Race Time: 9:00am both 5K and 10K

Post-Race Celebration 12:00 noon

Run Categories: 1st &2nd place finisher (male/female)
1st place (male/female) for age group - 14 and under,
15-19, 20-29, 30-39, 40-49, 50-59, 60-69 and 70+

Sponsored By:

Register online
www.fruita.org
Fruita Recreation
325 E Aspen
858-0360

A Family Scavenger walk will take place at 9:00am, and will continue throughout the event.

Health Expo will run 9:00am-12 noon, featuring a variety of vendors promoting health and wellness, massages, health tips, health screenings, and health presentations.

Return the following registration information with your check or M.O. made out to the City of Fruita.

First Name: **Last Name:** **email address:**	**Address:** **City:** **State:** **Zip:**
Age____ Date of Birth____/____/___ **Male ___ Female ___**	**Home Phone: ( )** **Cell: ( )** **Work: ( )**
Please indicate which run you want to participate in: **5K ____ 10K_____**	**Emergency Contact Name:** **Phone: ( )** **Relation:**

I understand and agree that any bodily injury, death, or loss of personal property and expense as a result of my negligence, or the negligence of the City, are my responsibility. As lawful consideration for being permitted to participate in the Sweet Heart Run/Walk and Health Expo, I release from any legal liability and agree not to sue, file claim against the property of, or prosecute; and to indemnify and hold harmless, the City of Fruita and all it's officers, agents and employees for any and all liability, injury, or death caused by or resulting from my voluntary participation in the activities mentioned above; whether or not such liability injury or death was caused by their negligence, or by my negligence, or any other cause. I authorize and consent to the publication of myself, whether by television, newsprint, written advertisements or otherwise, of any materials contained in my name or picture for participation in any event.

_____ _____

Signature of Participant Date

Signature of Parent or Guardian Date
(If participant is under 18 years of age)