



# PALMER DAY FUN RUN/WALK

Palmer, Minnesota  
Saturday, September 11, 2010

Registration: 8:00 AM – Palmer Park Entrance  
Start Time: 9:00 AM

- 5 K
- Results will not be recorded or posted.
- T-Shirts guaranteed only for pre-registered runners. A limited quantity of T-Shirt selections will be available for same day registrations.
- Complimentary refreshment will be provided after the fun run at the *Clear Lake Lions tent*.

Please return registration form below to:

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Mary Jo Hoefer, 5620 90<sup>th</sup> Ave. SE., St. Cloud, MN 56304.  
 Questions call: Mary Jo @ 320-743-2572 or Jean @ 320-743-3496.

## PALMER DAY FUN RUN/WALK Registration Form

Name: \_\_\_\_\_  
(Please print clearly)

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Sex:  Male  Female Age: \_\_\_\_\_  
(for statistical information. only)

### Please check one:

T Shirt Size:  Small  Medium  Large  X-Large  2XLarge  3X-Large

**Makes Checks Payable to: Palmer Day**  
**Before August 17<sup>th</sup> \$10.00**  
**Same Day Registration: \$15.00**

WAIVER (required for entry). In consideration of the acceptance of my entry, I do hereby release any and all sponsors, volunteers, and others associated with the fun run from any and all liability from illness or injury that I may suffer as a result in this fun run regardless of negligence.

\_\_\_\_\_  
Signature (parent signature if under 18 years old)

\_\_\_\_\_  
Date

**INDIVIDUAL RELEASE OF PHOTOGRAPH**  
**FOR PALMER TOWNSHIP AND PALMER DAYS FESTIVAL**

I hereby grant to Palmer Township and the Palmer Days Festival, its successors, assigns and licensees, permission to photograph me and my minor children, use our picture in connection with any publicity or information about Palmer Township or the Palmer Days Festival, in any manner whatsoever, at any time and in all media, including the Town's website.

I may revoke this Release on not more than 30 days prior written notice to the Palmer Town Board. Any photographs and/or reproduction may be used for up to one year after I revoke this Release.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name of Minor Children, if any (print)

\_\_\_\_\_  
Name of Minor Children, if any (print)



