Bedbug Challenge for Ione Schools

Saturday, May 14, 2011
Ione Homecoming Weekend

Start/Finish: Castle Oaks Golf Club
Check-In Time: 7:00 a.m.
Race Start Time: 8:00 a.m.

The Ione Picnic Association has teamed up with the Ione schools and members of the community to chart a new course for the Bedbug Challenge.

★The Goal is to raise $5,000 or more for Ione Elementary 5th Grade Science Camp

★Funds will be for 100 students to attend Science Camp in 2012

OFFICIAL REGISTRATION FORM

Checks to be made payable to *Run/Walk for Ione Schools* and should be returned to the school or mailed to Run/Walk c/o IPA, PO Box 494, Ione, CA 95640. If registering as a family or group, list main contact on front of this form and all members on the back including age, T-shirt size and gender. Be sure to include appropriate entry fees.

(Please Print)

_____ _____
Last Name (Family or Group Name) First Name

_____
Address City Zip

Age_____ Male____ Female____ 10K Run____ 5K Walk____

Register by April 18, 2011 and receive a free T-shirt! Adult: M___ L___ XL___ Youth: M___ L___

Entry Fees - Circle all that apply

	Pre-Registration	**Day of Race**
Individual	$20	$25
Family up to 5	$35	$40
Additional Family Member	$5	$10
Youth Team—10 or more	$10	$15

I will not be in the race but would like to donate the following to our schools:

$25___ $50___

$100___ Other_____

Release and Waiver

In consideration of acceptance of this application, the undersigned participating in the Run/Walk for 5th Grade Science Camp event, agrees to indemnify and hold harmless the Ione Picnic Association, a nonprofit organization, and each and every and all of their officers, members, agents, servants and volunteers, of and from any and all loss, liability or damage arising out of any personal injury or property damage occurring to any third person or entity arising out of, directly or indirectly, the participation of the Applicant in the Bedbug Challenge Run/Walk. The Applicant assumes all risks incurred. The undersigned represents the Applicant and is authorized to execute this release and waiver on behalf of all persons which Applicant is comprised.

Applicant Name_____ Applicant Signature_____ Date_____