

# WHAT WAS I THINKING?

JANUARY 1<sup>ST</sup>, 2011 9:00 AM

5K/10K Fun Run/Walk presented by Boone County EMS and Witham Health Services to benefit The Caring Center

1 last name	2 first name	
<input type="text"/>		
3 email address		
<input type="text"/>		
4 street address		
<input type="text"/>		
5 city	6 state/province	7 zip/postal code
<input type="text"/>	<input type="text"/>	<input type="text"/>
8 country (if not U.S.)	9 telephone number	
<input type="text"/>	<input type="text"/>	
10 date of birth	11 sex (m/f)	12 race day emergency contact name
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
month    day    year		
13 race day emergency contact phone number	14 shirt size ( S   M   L   XL   XXL ) <small>circle one or you will automatically receive an XL</small>	Check one: 5k _____ 10k _____
<input type="text"/>	<input type="text"/>	

15  
**Entry Fee**                      \$20.00 (Includes T-shirt)  
   \$25.00 day of  
**Entry form with payment can be mailed to or drop off to:**  
**"What Was I Thinking" Registration**  
**c/o Witham Health Services Administration**  
**P.O. Box 1200**  
**Lebanon, IN 46052**

Entry fees can be paid by cash or check. Checks should be made payable to Witham Health Services – "What Was I Thinking"

Entries Received After December 20<sup>th</sup> will not be guaranteed a T-shirt!

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**Waiver and Release**  
**WHAT WAS I THINKING 5K/10K FUN RUN AND WALK**, presented by Witham Health Services and Boone County EMS:  
**WAIVER-REQUIRED** (If UNDER 18 years of age your Parent or Legal Guardian must also read and agree to this Waiver and Release).

I have read the "What Was I Thinking" entry form completely and understand the policies of the events. I know that participating in a road race is a potentially hazardous activity. I should not participate unless I am medically and physically able to do so, and it is my sole responsibility to determine if I am medically and physically able to participate in the event. I understand the nature of the event and I ASSUME ALL RISKS associated with my voluntary participation in this event including, but not limited to, falls, contact with other participants, the effects of the weather, including extreme temperatures and precipitation and traffic. Knowing these facts, I, for myself, heirs, executors, administrators or anyone else who might make a claim on my behalf, COVENANT NOT TO SUE, WAIVE ALL CLAIMS AGAINST, AND FULLY RELEASE AND DISCHARGE Witham Health Services, Witham Memorial Hospital, Boone County EMS, City of Lebanon, The Lebanon Street Department, The City of Lebanon Police Department, any and all sponsors affiliated with the 2010 What Was I Thinking 5k/10k Fun Run and Walk, presented by Witham Health Services, race participants, race officials, workers, volunteers, and any and all officers, directors, employees and other representatives of the foregoing, and any successors or assigns of the foregoing (collectively, the "Releasees") for ANY AND ALL claims or liability, including without limitation the sole or contributory negligence of any or all the Releasees, whether foreseen or unforeseen, for death, personal injury (whether temporary or permanent), or property damage arising out of, or in the course of, my participation in this event. I understand and agree that information about me, including information on this form, may be provided to third parties for any legitimate purpose, including commercial marketing purposes. I further grant full permission to Witham Health Services and the Releasees, and/or agents authorized by them, to use any photographs, video tapes, motion pictures, or other record of the event for any reasonable purpose.

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

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(for participants under age of 18)