



PLEASE CUT FORM ALONG LINE

# Official BLOOMSDAY® 2019 Entry Form

**Entry Fee: \$22.00  
on or Before  
April 16th, 2019**

Include Check or Money Order. No Cash Please. (Please mark U.S. Funds on check if from outside United States.) Mail and make checks payable to:

**Lilac Bloomsday Association, P.O. Box 1511, Spokane, WA 99210.**

No Mail Entries After April 16. Late entries will be accepted at Bloomsday Check-In, May 3 & 4. Absolutely no registration on race-day, May 5. No notification of entry will be mailed. **ENTRY FEES ARE NON-REFUNDABLE.**

**Late Registration  
\$40.00 at Check-In,  
May 3 & 4.**

### PLEASE PRINT CLEARLY

Last Name		First Name		M.I.	Date of Birth (Month/Day/Year) — —	
Mailing Address				City		
State/Province	Zip/Postal Code	Country		Phone ( )		
Age on 5/5/2019	Male <input type="checkbox"/> Female <input type="checkbox"/>	Estimated Finish Time	Hours : Minutes	T-Shirt Size (Check One) <input type="checkbox"/> YXS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL		
How many Bloomsdays have you done?		<b>W</b>	\$	Entry Fee \$22		
			\$	Second Harvest Donation		
			\$	<b>Total</b>		

### CHECK ALL THAT APPLY

- Stroller/assisted wheelchair participant OR pushing stroller/wheelchair
- Do not send me a Finisher Time postcard
- My name has changed since Bloomsday 2018, my former name was: \_\_\_\_\_

Release and Waiver: I know that participating in Bloomsday is a potentially hazardous activity. I know I should not enter and participate unless I am medically able and properly trained. I also know that, although law enforcement protection will be provided, there may be volunteers, spectators, motor vehicles, bicycles, skateboards and the like on the Bloomsday course. With this understanding, I assume any and all risks associated with participating in Bloomsday including, but not limited to, tripping, falls, running off the roadways which comprise the Bloomsday course, contact with other participants, volunteers, spectators or with motor vehicles, bicycles, skateboards and the like, the effects of the weather, including high heat, and/or humidity, and the condition of the Bloomsday course, including, but not limited to, curbs, mile markers, bands, parked cars, water station tables, water cups, water, timing mats, uneven pavement, potholes and rocks, gravel and objects on the Bloomsday course surface, all such risks being known and appreciated by me. I also know that the Bloomsday course will close at 1:30 p.m. I agree that if I am on the Bloomsday course at that time, I will move off the roadway to allow traffic to proceed and will observe all traffic laws if I choose to complete the Bloomsday course. Knowing and appreciating these risks and in consideration of your acceptance of my entry, I hereby for myself, my heirs, legal representatives, or anyone else claiming on my behalf, covenant not to sue, and waive, release and discharge the Lilac Bloomsday Association (LBA), the City of Spokane, Spokane County, Bloomsday volunteers and sponsors together with their agents, employees, assigns or anyone else acting for or on behalf of any of the foregoing persons or entities, from any and all claims of liability for death, personal injury or damage of any kind or nature whatsoever arising out of or in the course of my participation in Bloomsday. This Release and Waiver extends to all claims of every kind whatsoever, foreseen or unforeseen, known or unknown.

If I am an Operator or Occupant of a Stroller or Assisted Wheelchair, I agree that I will walk the entire Bloomsday course and that I am fully responsible for my own safety and the safety of any occupant of the stroller or assisted wheelchair, and I acknowledge all responsibility for any claim made by any other Bloomsday participant arising from any contact with my stroller or assisted wheelchair.

I also understand that in the event that Bloomsday cannot be held as scheduled due to an act of God or other circumstances, I am not entitled to a refund of any money paid by me to participate. I also hereby consent to permit, and accept responsibility for emergency treatment in the event of injury or illness. I further grant full permission to the LBA and/or any person or entity authorized by it to use my name, age, birth date, city, finish place, and finish time in the public domain and to contact me by email or US mail regarding Bloomsday-related products. I further grant full permission for the LBA to use any photographs, videotapes, motion pictures, recordings, or any other record of this event, which may include me, for any purpose. Applications for minors will be accepted only with a parent or legal guardian's signature.

Signature \_\_\_\_\_ (I acknowledge that I have read the above waiver and I agree and accept all terms and conditions set forth therein) Date \_\_\_\_\_

Signature of Parent/Guardian if Participant is under 18 \_\_\_\_\_