

2019 Apple Blossom Run

Sponsored by Confluence Health & Ballard Ambulance

Saturday, May 4TH
Run begins at
9:30 a.m.

Registration & Release Form

10K Men + Women	5K Men + Women	2.1K* Boys + Girls <small>Participants get a FREE T-Shirt.</small>	5K WALK Men + Women
High School – Adult		Grades 1–8 Only	All Ages
Cash prize, medal and certificate for winners in each category.		Medal and certificate for winners in each category, and cash prizes for schools†	No competition in this category — just fun!

Pre-registration fee: \$15 | Race day registration: \$20 (*2.1k Registration is Free)
†Cash prizes awarded to the top three schools with the most student runners for the 2.1K run.

PLEASE PRINT CLEARLY & FILL OUT COMPLETELY

(Use a separate form for EACH participant)

Last Name	First Name	Gender	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M	<input type="checkbox"/> F
Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell / Emergency Phone	Date of Birth	Age on May 4, 2019	
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	

EVENT YOU ARE PARTICIPATING IN: (Check only one category along with an age group)

FREE	<input type="checkbox"/> 2.1K (Kids Only)	<input type="checkbox"/> Grades 1+2	<input type="checkbox"/> Grades 3+4	<input type="checkbox"/> Grades 5+6	<input type="checkbox"/> Grades 7+8	Name of School - 2.1K Only			
\$15/\$20	<input type="checkbox"/> 5K	<input type="checkbox"/> High School	<input type="checkbox"/> 18-29	<input type="checkbox"/> 30-39	<input type="checkbox"/> 40-49	<input type="checkbox"/> 50-59	<input type="checkbox"/> 60-69	<input type="checkbox"/> 70+	<input type="text"/>
\$15/\$20	<input type="checkbox"/> 10K	<input type="checkbox"/> High School	<input type="checkbox"/> 18-29	<input type="checkbox"/> 30-39	<input type="checkbox"/> 40-49	<input type="checkbox"/> 50-59	<input type="checkbox"/> 60-69	<input type="checkbox"/> 70+	
\$15/\$20	<input type="checkbox"/> 5K WALK								

Pre-registration Packet Pickup:

Friday, May 3, 2019
8 a.m. – 8 p.m.

Pre-registration Packet Pickup is for EVERYONE (whether registered online or form dropped off)

Confluence Health | Wenatchee Valley Hospital & Clinics lobby (outside WIC) of Mares Building at 820 N. Chelan Ave., Wenatchee

RACE DAY SCHEDULE - APPLE BOWL
(Orondo St. in Wenatchee)

8–9:15 a.m. Registration: out of town/late registrants
9:30 a.m. All race participant meeting
9:40 a.m. 5K + 10K combined start
9:45 a.m. 2.1K start

Register and pay fees online at:
www.confluencehealth.org/abr
or complete this form and mail to:

Apple Blossom Run
Confluence Health
820 N. Chelan Ave.
Wenatchee, WA 98801
**Mail by April 29th*

Questions? 509.433.3829

OFFICIAL ENTRY FORM / DECLARATION - STATEMENT OF RELEASE

I understand that running a road race is a potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature (Parent/Guardian if under 18), I certify that I am medically able to perform this event, and in good health, and I am properly trained. I assume all risk associated with running in this event, including but not limited to: falls, contact with other participants, the availability of care, the effects of weather, including high heat and/or humidity, and other conditions of the road, all such risk being known and appreciated by me. I acknowledge that entry fees are non-refundable for any reason and that my right to participate in this event is non-transferable. I understand that bicycles, skateboards, roller skates or roller blades, and animals are not allowed in the race and I will abide by this guideline. For myself (and as a parent/guardian where applicable), I release all sponsors, Confluence Health, Ballard Ambulance, Washington State Apple Blossom Festival Association, and their agents, employees, representatives and successors, from all claims, liabilities, damages, obligations, cost, expenses, or causes of action arising out of my participation in this event. I grant permission to use any photographs, motion picture recordings or any other record of this event for any legitimate purpose.

Signature of Participant _____ Date _____