



SATURDAY, APRIL 22, 2017
Courthouse Square - Downtown Franklin
8:00 a.m.

Starting time 8:00 a.m. (for both runners and walkers)

__ \$20.00 Pre-registration fee by April 17, 2017 (includes t-shirt)

__ \$25.00 Day of event (t-shirt is not guaranteed)

__ \$ 5.00 School Teams (Per student/No T-shirt)

__ \$15.00 No t-shirt entry

Late registration will begin at 6:30 a.m. day of event (Courthouse Square)

Name: _____ DOB: _____ Age: _____

Male Female Runner Walker

Address: _____

City, State, Zip: _____

Phone: _____

T-Shirt Size (circle one): S M L XL XXL

Please make checks payable to "Bayou Teche Bear Festival"
and mail to:

Attn: Running of the Bears 5K
Teche Action Clinic
1115 Weber Street
Franklin, LA 70538

For more information contact:
Diane Freeman @
337-828-2550 ext. 2126

I acknowledge that by signing this document, I am releasing Teche Action Board, Inc. dba Teche Action Clinic, KBZE, KFRA, the Bayou Teche Bear Festival, the City of Franklin, and their staff, officers and agents from liability. This release is a contract with legal consequences and I have read it carefully before signing. I fully assume the risks associated with participation, for myself, my heirs, executors, administrators, legal representatives, assignees and successors in interest (collectively "Successors"), I hereby waive and release, discharge, hold harmless, promise not to sue and indemnify Teche Action Board, Inc. dba Teche Action Clinic, KBZE, KFRA, the Bayou Teche Bear Festival, the City of Franklin, ride leaders (collectively the "Released Parties") from any and all rights and claims arising from the released parties own negligence, gross negligence or intentional conduct, which I have or which may hereafter occur to me, and from any and all damages which may be sustained by me directly or indirectly in connection with, or arising out of my participation in or association with an event sponsored by Teche Action Board, Inc. dba Teche Action Clinic, KBZE, KFRA, the Bayou Teche Bear Festival, and the City of Franklin. I have no physical or medical condition which to my knowledge would endanger me or others if I participate in the 5K or a condition that would interfere with my ability to participate. I agree that should I or my successors assert my claim in contravention of this agreement, the asserting party shall be liable for the expenses (including legal fees) incurred by the other parties' in defending. I also grant permission to all of the foregoing to use my name, photograph, motion picture recording, or any other records of my participation in this event.



Signature _____

Participant or Parent/Guardian if under 18 years old