



2011 CEO Challenge

Company Employee Registration Form



COMPANY NAME

LAST NAME

FIRST NAME

MIDDLE INITIAL

GENDER (M/F)

AGE ON RACE DAY

BIRTHDATE (MM/DD/YR)

STREET ADDRESS

CITY

STATE

ZIP CODE

COUNTRY (OTHER THAN U.S.)

PHONE (AREA CODE + NUMBER)

E-MAIL ADDRESS (PLEASE PRINT LEGIBLY)

EVENT

- HALF MARATHON (run or walk)
- 5k (run or walk)
- ONE MILE FUN/RUN WALK (individual)
- ONE MILE FUN/RUN WALK (for family of 3 or 4)
- COMBO HALF MARATHON & CRIM 10 MILER

Liability and Publication Release

Application will not be processed without signature.

Please accept my entry in the 2011 Crim Festival of Races and/or the Brooksie Way. I hereby state I have conditioned myself to participate in the event I have chosen. I, for myself, my executors, administrators and assignees, do hereby release and discharge the Crim Fitness Foundation, Oakland County and Count Your Steps Inc, their officials, their sponsors and volunteers from damages, injuries or expenses occasioned by my participation in the Crim Festival of Races and/or The Brooksie Way. I also authorize Crim Fitness Foundation, Oakland County and Count Your Steps Inc officials to utilize any images of my participation in the Crim Festival of Races and/or The Brooksie Way for any and all purposes. By signing my name below, I hereby certify that I have read all the terms and conditions of this release and intend to be legally bound thereby.

Signature:

Date:

_____/_____/2011

SHIRT SIZE (please circle) XS S M L XL XXL

More information about the races can be found at TheBrooksieWay.com

The Brooksie Way™ is under Count Your Steps, a 501(c)(3) non-profit (#27-0073544) that encourages children and adults to get moving more through fun activities. Your contribution is tax deductible to the full extent provided by State and Federal law.

Proceeds from the race are distributed to local groups through Brooksie Way MiniGrants to promote healthy, active lifestyles.