



Race Begins 10:00 AM
Saturday October 7, 2023
Portneuf Wellness Complex
 Open to all ages, strollers, and skill level

Proceeds will be donated to



Name: _____ DOB: _____ Age: _____

Address: _____ Phone: _____

Email: _____

Emergency Contact/Phone: _____

\$25 Single or \$75 Family (3 shirts)

Names and Ages of Family (for family registration): Children 12 and Under are FREE

Name	Age	Shirt Size Adult S-XXL Youth M-L

Sponsored by (if applicable): _____ Total Amount Due \$ _____ *Additional Shirts \$8 each

- Submit completed registration form and payment to FASI by Monday, September 25th
 Financial Advocates of Southeast Idaho (FASI)
 1675 Curlew Dr.
 Ammon, ID 83406
- Register ONLINE at <https://register.chronotrack.com/r/73516>
- Promo codes will be emailed to those eligible
- You may pay via Venmo @BESTeventsPocatello
- Questions/Contact: amwelsh@idoc.idaho.gov

By participating in BEST LLC Hustle for Mental Health, I do so at my own risk. I understand that this is a potentially hazardous activity. I should not enter unless I am medically able to participate. I agree to follow all official rules. I assume all risk of injury, illness, damage, or loss of property that might result before, during or after the event. I consent to medical treatment in the event of accident, injury and/or illness that should occur during the event. I agree to release and discharge the organizers of this event, its employees/volunteers, all sponsors and donors from any and all claims, liabilities, or causes of action arising out of my participation in BEST LLC Hustle for Mental Health. I acknowledge that I have carefully read this waiver and fully understand that it is a release of all liability. By my signature below, I am waiving any right that I may have to bring legal action to assert a claim against anyone involved in this event for their negligence. I also hereby grant full permission to any and all of the foregoing to use my name and likeness in any broadcast, telecast, print media or advertising of the event without compensation for legitimate purposes.

Signature _____

Date _____