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The Forever Trinity
Dream Foundation
Making Dreams Happen

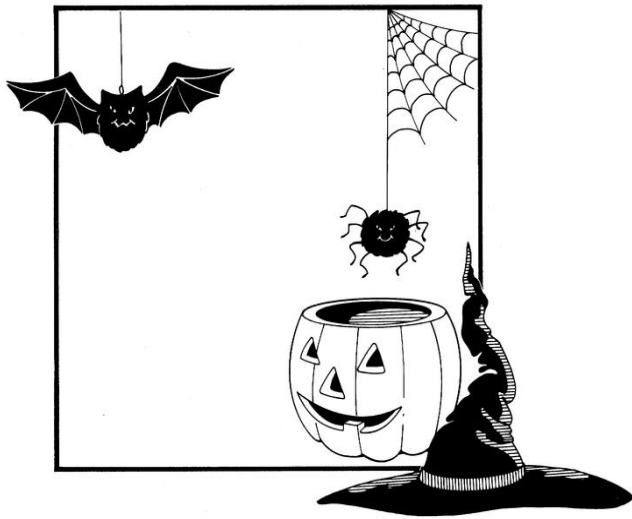
The Forever Trinity Dream Foundation is a dedicated organization of family, friends and volunteers, which was formed in 2009 to assist in raising funds and granting wishes for children with terminal illnesses. The foundation was organized in memory of Trinity Rhyan Bright who at the age of six was diagnosed with an inoperable brain tumor called a Diffuse Intrinsic Pontine Glioma. Trinity had a vibrant spirit, a zest for life and a smile that could capture any heart. Not even a life threatening illness kept her from enjoying every day she had left. Trinity pursued her dreams of being a Police Woman and a Fire Fighter. She was able to participate in extreme sports such as sky diving and swimming with sharks and dolphins. Trinity's family was able to take her on vacations to places only her imagination had taken her before. In October 2007, just seven short months after her diagnosis, Trinity was laid to rest. The Forever Trinity Dream Foundation is based on the desire that every terminally ill child have the opportunity to dream without limitations.



SATURDAY
OCTOBER 3, 2009
8:30 A.M.

5K &
1 MILE FUN RUN

TRINITY PARK
FORT WORTH, TX



Trinity Bright Halloween 5K & 1 Mile Fun Run

When: Saturday October 3, 2009

Race Day Registration	6:30 - 8:00 A.M.
1 Mile Fun Run Start	8:30 A.M.
5K Start	9:00 A.M.

Where: Trinity Park Fort Worth, TX

Registration:

Online:

<http://getmeregistered.com/TrinityBright5k>
www.forevertrinity.com
www.active.com

By Mail:

The Forever Trinity Dream Foundation
 c/o Angel Bright
 5801 Nathaniel Dr.
 Fort Worth, Texas 76179

Entry Fee:

Early by 9/30:

5K or Fun Run	\$15.00
15 and under / 65 and older	\$10.00
5K & Fun Run	\$20.00
15 and under / 65 and older	\$15.00
Team Fee (5 or more adults / each)	\$12.00

Late after 9/30 & Race Day:

5K or Fun Run (all ages)	\$25.00
5K & Fun Run (same registrant only)	\$30.00
No Team Registration	

For Information:

Call: 817-975-8070
 Email: abright@forevertrinity.com

Packet Pickup

The Fort Worth Running Company

5800 Camp Bowie Blvd.
 Suite 146
 817-731-1760

October 1st & 2nd

Awards

5K

Overall Male / Female
 Master Male / Female

Top 3 Male / Female in the following age groups:

0 - 10, 11 - 13, 14 - 19, 20 - 24, 25 - 29
30 - 34, 35 - 39, 40 - 44, 45 - 49, 50 - 54
55 - 59, 60 - 64, 65 - 69, 70+

Results

Race Results will be posted at:

www.forevertrinity.com
www.clinesrunningcorner.com
www.fwrunco.com
www.runtimeracingservices.com

Race timing and results provided by:



All registered runners will be chip timed using the ChampionChip Timing System. All chips not returned on race day are subject to a \$20 fee.

Proceeds benefiting:



The Forever Trinity Dream Foundation

Pediatric Brain Tumor Foundation

cure the kids

Entry Form

Registration Information:

First Name _____
 Last Name _____
 Address _____
 City _____
 State / Zip _____
 Email _____

Will Participate In:

_____ 5K Run / Walk Only
 _____ 1 Mile Fun Run Only
 _____ 5K & 1 Mile (same registrant only)
 _____ Team (5 or more adults)
 Team Name _____

T - Shirt Size (circle one):

Youth - S M L Adult: S M L XL XXL (add \$2)

** T - Shirt is not guaranteed with late registration

Gender: _____ Male _____ Female

Date of Birth: _____ Age: _____

Make checks payable to:

The Forever Trinity Dream Foundation

Check # _____ Amount _____

Credit Card Information:

Name on Card: _____

_____ Visa _____ M / C _____ Discover _____ AMEX

Account No: _____

Exp Date: _____ / _____ 3 Digit Security Code _____

I have read, understand, and accept the agreement below.

Date: / /

Signature (registrant if over 18 years of age; or parent / legal guardian of minor, incapacitated, or mentally challenged person)

WARNING: READ CAREFULLY. THIS AGREEMENT INCLUDES A RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS AND DEPRIVES YOU OF THE RIGHT TO SUE THIS EVENT AND OTHER PARTIES. DO NOT SIGN THIS AGREEMENT UNLESS YOU HAVE READ IT IN ITS ENTIRETY. SEEK THE ADVICE OF LEGAL COUNSEL IF YOU ARE UNSURE OF ITS EFFECT.

I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event, and in good physical condition. I have been advised that I should seek advice from my physician before undertaking this physical exercise. I have either visited with my physician and received doctor's advice and consent to my exercise program or have waived such advice and consent of my doctor, and except any and all risks.

I KNOW THAT THIS EVENT IS A POTENTIALLY HAZARDOUS ACTIVITY AND I HEREBY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR ANY INJURY OR ACCIDENT WHICH MAY OCCUR DURING MY PARTICIPATION IN THIS EVENT OR WHILE ON THE PREMISES OF THIS EVENT, AND I HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST THIS EVENT AND ANY AFFILIATED INDIVIDUALS OR ENTITIES ASSOCIATED WITH THIS EVENT (THE RELEASES) FROM ANY LOSS, LIABILITY OR CLAIMS I MAY HAVE ARISING OUT OF MY PARTICIPATION IN THIS EVENT, INCLUDING PERSONAL INJURY OR DAMAGE SUFFERED BY ME OR OTHERS, WHETHER SAME BE CAUSED BY FALLS, CONTACT WITH PARTICIPANTS, CONDITIONS OF THE COURSE, NEGLIGENCE OF THE RELEASES OR OTHERWISE.

If I do not follow all the rules of this event, I understand that I may be removed from the competition. I give my full permission to this event and their sponsors and corporate sponsors to use any photographs, videotapes or other recordings of me that are made during the course of this event.