

Scholarship 5K Run / 2.5K Walk Registration

Last name _____ First _____ MI _____
Address _____ City _____ ST _____ Zip _____
Phone (____) _____ Email _____
____ Male ____ Female Shirt Size: ____ M ____ L ____ XL Date of Birth: ____ / ____ / ____ Age on race day: _____

In consideration for accepting my entry in this race, I for myself, my heirs, executors and administrators, waive and release forever any and all rights and claims for damages I may have against the organizers and sponsors of this event. I also release the above named for all claims of damage demands, and actions in any manner due to any personal injuries, property damage, or death sustained as a result of my traveling to and from and my participation in said race. I attest and verify that I am physically fit and have sufficiently trained for the competition of this event. In filling out this form, I acknowledge that I have read and fully understand my own liability and ability.

Signature _____ Date _____

Parent signature if under the age of 18