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NAME:		LENGTH OF RUN 5K 1M
ADDRESS:	CITY	STATE ZIP
PHONE ( )	EMAIL	
AGE (AS OF 9/2/2017) GI	ENDER MALE FEMALE	T-SHIRT SIZE S M L XL 2X
	EMERGENCY CONTACT	
NAME		_PHONE ( )

WAIVER STATEMENT: (Must be signed and submitted with entry.) I hereby release and agree to indemnify and save harmless anyone affiliated with Hamilton 5K Dove Festival Run, Hamilton Healthcare System and Hamilton Wellness Center; their officers, agents, volunteers, employees and sponsors, from any and all claims of any nature for injury or loss that may result from such participation in this event, including claims for negligence, whether or not such claim, loss or injury is caused, whole or in part, by the negligent act or omission or other fault of any released party. Further, I hereby grant permission to use photographs, videotapes, motion picture, recordings or any other record of this event.

SIGNATURE DATE