

CELEBRATE LIFE! KELLI & KARI'S 5K RUN/WALK

Saturday, October 4, 2014

Start Time: 5:00 PM

Kingston High School Track

Last Name: _____

First Name: _____

E-mail Address: _____

Address: _____

City

State

Zip Code

Date of Birth: _____

Phone: _____

Gender (M or F): ____

T-Shirt Size: _____ (Youth sizes: XS, S, M, & L Adult sizes: S, M, L, XL, 2XL, 3XL, & 4XL)

If you are unable to participate in the run, but would like to make a donation to The Kelli & Kari Baker Memorial Fund fill in your name/address above, donation amount on the following line and attach check to this form. Donation: \$_____

5K Run/Walk **\$25.00** (attach check to this form)

Waiver

In consideration of you accepting this entry, I, the participant, intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against the Event Director, Kingston Public Schools, City of Kingston, and all of their agents assisting with the event, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above waiver.

By signing on the line below, I agree to the waiver and that I am 18 or older, or that I have the authority to register these participants and agree to the waiver for them.
