

# Haley Miller-Wilhour Memorial 5K Walk & Run Waiver

I, \_\_\_\_\_ acknowledge that my participation in the Haley Miller-Wilhour Memorial 5K Walk & Run, involves risk of injury. This includes bodily injury, and assume the risk for the same. I certify that I am in good physical health and fit to participate.

On my own behalf and behalf of my heirs and legal representatives and to the fullest extent permitted by law, I hereby release and forever discharge the Haley Miller-Wilhour Memorial 5K Walk & Run and their directors, officers, and employees of and from any and all liability for injury, death, or damages and/or any other claims, losses or damages, incurred by me in connection with any aspect of the 5K Walk & Run. I acknowledge my participation in the Haley Miller-Wilhour Memorial 5K Walk & Run is completely voluntary.

Furthermore, I hereby grant all permission to and all of the foregoing to use any photographs, motion pictures, recordings or other records of this event for any legitimate purpose without monetary payment to me.

By checking this box, I agree to the waiver above.

Signature (parent or guardian if under the age of 18):

\_\_\_\_\_ Date: \_\_\_\_\_

# Registration Form

## Haley Miller-Wilhour Memorial 5K Walk & Run

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Age on Race Day: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_