



5K FUN RUN/WALK
SATURDAY, APRIL 23, 2016
MAIL-IN REGISTRATION

First Name: _____ **Last Name:** _____

City: _____ **State:** _____

Email Address: _____

(If participant is a child, please give the email address for the parent/guardian)

Race Category:

- \$25 **Adult Men**
- \$25 **Adult Women**
- \$15 **Child** (12 and under)
- \$20 **School Affiliated Club/Team Member** (A school organization/club/team with 3 or more members registering for this event. Each member must register individually)
Name of School Club/Team: _____
- \$30 **Hit Snooze & Sleep In** (to get a t-shirt without running the race)

T-Shirt Size:

- Adult XXL Adult XL Adult L Adult M Adult S
- Youth L Youth M Youth S

Name of the band student to be credited for your registration, if applicable:

Waiver:

By submitting this form, I, the above named, intending to be legally bound, for myself, my heirs, my executors and administrators, waive and release any and all rights and claims for damages I may have against the race, its sponsors and their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest that I will participate in this event as a footrace, that I am physically fit and sufficiently trained for the completion of this event. Furthermore, I hereby grant full permission to use my name and likeness, as well as any photographs and any record of this event in which I may appear for any legitimate purpose, including advertising and promotion.

Signature of Participant or Parent/Guardian

Date