

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Team Name: _____

Gender: M or F Shirt Size: S M L XL

Fee: \$25 (\$20 if under 12yrs age)

Please mail registration and payment to: Luv-a-Dad
P.O.Box 338141, Greeley, CO 80633

How did you find out about us? _____

I hereby release Luv-a-Dad, all race sponsors, race officials, and workers/volunteers involved, from responsibility for any damage or injuries incurred during or arising out of participation in the 5K walk/run and further state that I have trained for and am physically competent to participate in a race of this distance. Furthermore, I hereby grant full permission to any and all of the foregoing to use my photograph for any legitimate purpose. This entry is invalid unless signed by the entrant. If entrant is under 18 years of age then the entry must be signed by a parent/guardian. The official race director reserves the right to reject any entry.

Signature: _____ Date: _____

Parent/Guardian if under 18 yrs old: _____

Pre-registration Ends June 8 Race Day is Sunday, June 19, 2016 luvadad.org