

The DONOHO 5K COLOR RUN 2019 Registration Form

Race Day 4/6/19

The Donoho Individual Entry Form

Each Runner must submit an individual form. Don't forget to mark your shirt size.

Name		
Date of Birth	Age (on 4/6/19) Male ____ Female ____	
Address		
City	State	Zip
Cell Contact/Phone	Home	Emergency
Email (please print)		

Mark Shirt Size Please check your desired shirt size.

Kid Sizes	Adult Sizes
YS ____ YM ____ YL ____	S ____ M ____ L ____ XL ____ 2XL ____ 3XL ____

Mail check and registration form by April 6, 2018 to:
The Donoho School 2501 Henry Rd, Anniston, AL 36207
or drop off at the Main Office at Donoho or LS office.
\$25.00 each entry form.

TOTAL DUE:

\$ _____

WAIVER MUST BE SIGNED/DATED BELOW: In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the Event Director, The Donoho School, and all of their agents assisting with the event, sponsors and their representatives, volunteers 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.

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I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typical found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. 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 a licensed Medical Doctor has verified my physical condition.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

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 release and waiver.

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

I understand there is NO REFUND policy for The Donoho Color Run, and in the event is cancelled, I understand I will receive my race shirt but I will NOT receive a refund for race fees.

SIGNED (Parent/Guardian signature if under 18 years old):	DATE
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Have Questions?

Contact Race Director Laura Wesson at laurawesson1975@gmail.com with questions. You can also find more information at www.donohocolorrn.com

REGISTER ONLINE at www.donohocolorrn.com