



Entry Form

Register online at: <https://runsignup.com/Register/?racelid=42363>

OR complete the information below:

Name: _____

Address: _____

Phone: _____ Email: _____

Age as of August 5 2017: _____ Male or Female

Circle Shirt Size S M L XL Other _____

Participating Event: Kid's Dash(\$5 entry fee) 5K Run 5K Walk

\$20 up to May 31

\$25 up to Aug 4

Day of race \$30

Make Checks Payable to: Harrison County Cancer Crusaders

Mail to: HCCC c/o Julie McPeak

226 Charleston St Cadiz OH 43907

RELEASE OF LIABILITY

I know that running/walking in a road race is a potentially hazardous activity. I represent that I am medically able and properly trained to participate in this event. I assume all risks associated with this event including, but not limited to heat exhaustion, falls, contact with other participants, effects of weather, dangerous traffic conditions....etc, all such risks being known and recognized by me. I hereby agree, for myself and my heirs, assigns, personal representative, executors and administrators to waive, release, and forever discharge the Harrison County Cancer Crusaders and its respective directors, officers and employees, volunteers, and any sponsors, suppliers and any other personnel assisting or connected with this event, any rights, claims, or demands therefore which I may have or which I might hereafter accrue to me arising out of injury to my person or my property incurred in connection with participation in the HCCC 5K Run/Walk held on August 5, 2017.

Signature: _____ Date: _____

Parent's Signature if under 18 _____