



Kalida Band 4 Miler

May 14, 2022

Registration starts at 7:30am

Race starts at 9am

Four Seasons Park

18031 Road M

Cloverdale, Ohio 45827

- Fee: \$20
- Runners will receive a t-shirt (if registered by April 24)
- Refreshments
- Overall and age group awards
- Water stop on course
- Walkers welcome

Please visit our website for more information:

[https://runsignup.com/Race/OH/Cloverdale/KalidaB
and4Miler](https://runsignup.com/Race/OH/Cloverdale/KalidaBand4Miler)

Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Gender: _____ Birthday: ____/____/____ Age on
race day: _____

Email (for confirmation): _____

T-shirt: S M L XL XXL (add \$2) No Shirt

Register by April 24 to guarantee a shirt

Emergency contact name: _____

Emergency contact phone: _____

Did a student ask you to sign up? If so,
who? _____

If you want to donate to the fundraiser, but don't wish to participate in the race, please fill out your name, address and contact information for our records and send it in with your donation amount. Please indicate you are not participating in the race.

Send this form and \$20 race fee and/or donation to:

Kalida High School

Attn: Jacob Litwiller

301 N Third St

PO Box 269

Kalida, Ohio 45853

Make checks payable to "Kalida Local Schools"

Please sign the waiver below (if under 18, parent/guardian please sign)

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, video graphic or electronic recording of this event for legitimate purposes.

Signature: _____