

CLIPPARD YMCA FAMILY 5K Run/Walk

May 26, 2018

Name: _____ Age: _____ Gender: _____

Address: _____ City: _____

State: _____ Zip: _____ Home #: _____

Cell #: _____ Email: _____

Early Registration Fee is \$25.00 (On or before May 24, 2018)

Late or day of registration fee is \$30.00

Youth under 16 years of age \$20

Race shirt is an additional \$5 (limited availability, youth and adult sizes)

T-shirt Size: YM YL AS AM AL AXL AXXL

Registration \$ _____ T-Shirt \$ _____ Total Due \$ _____

Form of payment (please circle one):

Cash

Check (Make checks payable to Clippard Family YMCA)

Credit Card

CCard MC / VISA / AMEX CC# _____ - _____ - _____ - _____ Exp. Date: _____

WAIVER

I understand that the YMCA of Greater Cincinnati assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition of resulting from my participation in any athletic, sports program that use of any equipment, exerciser, or any other activities at the YMCA.

I expressly acknowledge on behalf of myself and my heirs that I assume the risk of any and all injuries and illness that may result from my participation in these activities. I hereby release and discharge the YMCA of Greater Cincinnati, Its Agents, Servants, from any and all claims of injury, death, loss or damage, which I may suffer as a result of my participation in these events.

I understand that the YMCA of Greater Cincinnati is not responsible for personal property lost or stolen while using the YMCA facilities or while on YMCA premises.

I give permission to the YMCA of Greater Cincinnati to use photographs, film footage, and audio or videotape recordings, which may include my image or voice for purposes of interpreting and promoting YMCA services to the general public.

I will adhere to the YMCA Code of Conduct. I understand the YMCA of Greater Cincinnati will hold me accountable to the Code of Conduct and may restrict my access to the branch upon breach of the code.

ACCEPTANCE

I acknowledge the Waiver set forth above and, being in sympathy with the Mission Statement of the YMCA, hereby accept the policies and procedures of the YMCA of Greater Cincinnati.

Signature: _____ Date: _____

If under 18 years of age:

Parent Signature: _____ Date: _____

The YMCA address is 8920 Cheviot Rd, Cincinnati, OH 45251