2017 CAROUSEL FUND RUN

Sunday, October 29, 2017

Complete Entire Form - 1 entry per form please

Please print neatly using capital letters



Athletic Sole

ne (First)	(Last)	Carousel Fund Ru
ress		
	State Zip C	ode
ail Address (to be used for registration con	rmation and event updates)	
ne		
F Age		Additional Family Members
er (Must be signed)	C OTATEMENT THEN CION AND DATE DELOW ALL UNICIONED	Name / Age
J MUST READ, COMPREHEND, AND AGREE TO THE FOLLOWING STATEMENT, THEN SIGN AND DATE BELOW. ALL UNSIGNED ENTRIES WILL REJECTED. By participating in the Carousel Fund Run (hereafter known as "event"); I will be required to assume any and all risks or losses which may e, whether directly or indirectly related to my participation, or the participation of a minor (under 18 years old) who is under my custody. I declare that I am sically capable of completing a 3.1 mile run/walk. In consideration of accepting this entry, I, the undersigned, intending to be legally bound, herby, for elf, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Carousel Fund Run,		ses which may declare that I am Name / Age d, herby, for sel Fund Run,
in the event; their representatives, and successors, for any a	nsors, contributors, volunteers, entertainers, administrators, or part all personal losses or injuries arising from my participation in said e name and/ or pictures in any medium or form for use in future prom RABLE.	vent, including Name / Age
		Name / Age
re of Athlete (or parent/guardian if under 18)	Date	
	Fees: make checks payable to Athletic So	Name / Age
	Thru October 29:	
	\$35 per family or Total Enclose	Name / Age

Benefiting The Carousel Fund Helping Local Families for 30 years

All proceeds go to the Carousel Fund