

# Ajvar 5K Run/Walk

**Registration Begins: 8:00am**  
**Zumba warm-up: 9:00-9:30am**  
**Race Begins: 9:30 AM**  
**Early Registration: \$30**

**Late Registration: \$35 Complete**

this Form and Waiver

Or Register online at

[www.ajvar5k.com](http://www.ajvar5k.com)

Registration Form



## Waiver (must be signed)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

DOB: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Select all that apply:

- Family/Corporate Package \_\_\_  
# form(s) included
- I'm a parent or guardian

T-Shirt Size: S\_\_\_ M\_\_\_ L\_\_\_ XL\_\_\_

\*\*T-Shirt – Guaranteed for first  
200 registered.

I understand that walking and running in races are potentially hazardous activities. I should not enter and run or walk in the Ajvar 5K Run/Walk (the "Event") unless I am medically able and properly trained. I agree to abide by any decision of an Event official relative to my ability to safely complete the Event. I assume every risk associated with participating in the Event including, but not limited to, falls, contact with Event participants or volunteers or with vehicles, the effects of the weather, and course conditions, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, do waive and release the Ajvar 5K Run/Walk, Event timers, sponsors and organizers, and their representatives, agents, affiliates, employees and successors from all claims and/or liabilities of any kind arising out of my participation in the Event even though such liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I also grant permission to all the foregoing to use any photograph, motion picture, recordings, or any other record of the Event for any legitimate purpose. I further understand and agree that no animal, stroller or other wheeled object is permitted in the 5K and that my use of such shall constitute grounds for my immediate disqualification and termination.

Location \_\_\_\_\_

City, State \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Parent/Guardian Signature \_\_\_\_\_