

1st Annual LDP 5k Run/Walk

May 5, 2018
1:00pm at Cuivre River State Park
5k Run/Walk

All proceeds will benefit Shriners Hospitals for Children

PLEASE COMPLETE THE FOLLOWING APPLICATION AND MAIL IT WITH YOUR
CHECK PAYABLE TO: Megan Mennemeyer

Mailing Name : Megan Mennemeyer

Mailing Address : 701 Westlake Drive
Troy, MO 63379

FIRST NAME _____ **LAST NAME** _____

STREET ADDRESS _____

CITY _____

STATE _____ **zip** _____

DATE OF BIRTH mm/dd/yy ____/____/____

SEX (CIRCLE ONE) M F

SHIRT SIZE (CIRCLE ONE): YS YM YL
XS S M L XL XXL XXXL

ENTRY FEES:
\$20.00/person

PLEASE READ AND SIGN THE PARTICIPATION WAIVER BELOW

I know that running [volunteering for] a road race is potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road [insert any specific risks here, e.g. "the alligators who bask in the sun at the corner of 4th and Sunset St..."], all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or roller blades, animals, and headsets are not allowed in the race and I will abide by this guideline. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Signature (parent or guardian required if under 18) _____

Date _____