

Name	
Address:	City, State, ZIP
Email:	
Phone: ()	
Emergency Contact Name	
Emergency Contact Phone	: ()
Event: □HalfK4Kids □Ove	er-Achiever 5K
Shirt Size:	specify youth or adult
Return by Sept 14 to guarantee shirt in re	quested size. After this date, shirts distributed will be based on availabilit
Release and Waiver (Pleas	e read and sign)
although police protection might be provided, there assume any other risks associated with running this weather and conditions of the road. I understand I as event. Knowing these facts and inconsideration of yelse who might sue on my behalf covenant not to supplicials, volunteers, the city and police agencies, the personal injury, or property damage of any kind or resource.	y. I should not enter and run unless I am medically able and properly trained. I also know that could be traffic on the course route; therefore, I assume the risk of running in traffic. I also event including, but not limited to, falls, contact with other participants, and the effects of m solely responsible for my own safety while traveling to and from or participating in this rur acceptance of my entry, I hereby for myself, my heirs, executors, administrators, or anyone, and waive, release, and discharge the sponsors or contributors to this event, any race in representatives successors or assignees from any and all claims of liability for death, ature whatsoever arising out of, or in the course of my participation. The release form and whatsoever, foreseen and unforeseen, known and unknown.
The undersigned further grants full permission to us accepted with a parent's signature.	e any photographs, videos, or another record of the event for any purpose. Minors will be
Signature:	Date:

Return to BMC (PO Box 211, Bland, VA 24315) with appropriate registration fee EARLY: \$15 ages 12 and under, \$25 ages 13+