



**Presented By: Upson-Lee Primary School**

Participant's First Name

Middle Initial

Participant's Last Name

Age at Time of Race: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: M F

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

Phone Number

Email Address

Race Day Shirt Size: Youth: S M L Adult: S M L XL 2XL 3XL 4XL

Emergency Contact: \_\_\_\_\_

Relationship to Participant

Phone Number

Please mark entry fee (check one) below:

Early Registration (10/22-11/30):

Late Registration (12/1-12/15):

Individual Registration: \$25.00

Individual Registration: \$30.00

Team Registration: \$20.00

Child Registration: \$20.00

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

Team Participants (other than yourself): 1. \_\_\_\_\_, 2. \_\_\_\_\_

3. \_\_\_\_\_, 4. \_\_\_\_\_

Child Early Registration: \$15.00

Amount Enclosed: \$ \_\_\_\_\_

Check # \_\_\_\_\_ (Payable to ULPS)

Cash

WAIVER: In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the Gingerbread Jog 5K Run/Walk Event, Thomaston-Upson School System, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typical found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition. In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization. Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

Signature (Parent/Guardian Signature if Under 18)

Date

Please mail your completed registration form with payments to: **Upson-Lee Primary School, Attn: Gingerbread Jog 5K Run/Walk, 172 Knight Trail, Thomaston, GA 30286** OR drop it off at the front desk at Upson-Lee Primary School. Happy Holidays!