

TROJAN TREK



5K TRAIL RACE & 1 MILE FUN RUN

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

Emergency Contact: _____

Relationship to Participant

Phone Number

Please indicate race selection below (check one):

☐ 5K Run and Walk

☐ 1 Mile Fun Run

☐ Phantom Runner

Please mark entry fee below (check one):

Early Registration (1/1 - 4/5):

Late Registration (4/6 - 4/27):

☐ Individual Registration: \$25.00

☐ Individual Registration: \$30.00

☐ Child Registration: \$15.00

☐ Child Registration: \$20.00

Amount Enclosed: \$ _____

☐ Check # _____ (Payable to LCPS)

☐ Cash

Please DO NOT mail in Cash. This option is only if you are sending your registration to the school.

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 Trojan Trek 5K & Fun Run, the Lamar County 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

Presented By: Lamar County Primary School PTCO

Please mail your completed registration form with payment to: **Lamar County Primary School,**

Attn: Trojan Trek - Jamie Komaee, 154 Burnette Rd., Barnesville, GA 30204

OR Drop it off at the front desk of Lamar County Primary School. Thank You!