Runnin' Scared 5K

Date: 9/16/2023 8:00:00 PM

Bib # (Director Use Only)

Course Map

<No Map Available>

PLEASE PRINT LEGIBLY				
*Required				
·		Male Female		*Type
*Name	*Birth Date	*Gender	Giveaway (for example, shirt size)	Runner
				☐ Walker
Street Address	City, State Zip	Phone #	Email Address	
In consideration for being permitted by the organizers of the Runnin' Scared 5K to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death or property damage which may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the organizers of Runnin' Scared 5K (its officers, employees, volunteers, and agents) from any participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of those risks is to be binding on my heirs and assigns. I agree to indemnify and to hold the above person or entities free and harmless from any loss, liability, damage, cost or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity. PARENTAL CONSENT: (TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN IF APPLICANT IS UNDER 18 YEARS OF AGE). I hereby consent that my son/daughter				
Signature		D	ate	
Name Printed				