

Twin City Track Club 2018 \$5-5K Race Series Application

First _____ MI _____ Last _____

Birthdate _____ Sex **M** **F**

Address _____

City _____ State _____ Zip _____

Age Race Day _____ E-mail Address _____

Expected Finish Time _____ TCTC Member **Y** **N**

Home Telephone (____) _____ - _____ Work Telephone (____) _____ - _____

Emergency Contact Name _____ Emergency Phone Number (____) _____ - _____

WAIVER: I know that running any of the races in the \$5-5K series is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained to complete the events. I agree to abide by any decision of a race official relative to my ability to safely complete the runs in this series within the designated time limit. I assume all risks associated with running in this race series, including, but not limited to falls, contact with other participants, runners, bikers, horses and other animals, the effects of weather, including heat or cold and precipitation, traffic, and the conditions of the trails and roads, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I for myself and anyone for whom I am entitled to act, waive, release, and will hold harmless the race organizer, Twin City Track Club, Inc., all other sponsors and property owners, and all the agents, employees, officers, directors and volunteers working for those entities from all claims and liabilities of any kind arising out of or related to my participation in any run in this race series. I understand that headphones, baby joggers or strollers, roller skates and dogs are not allowed in this race series.

I understand and agree that this WAIVER applies to all the races in the Twin City Track Club \$5-5K Race Series.

Signature of entrant _____ Date _____

Signature of Parent or Guardian if under 18 _____

I am interested in volunteering for a future \$5-5K event **Y** **N**