

5K RUN OFFICIAL REGISTRATION FORM

Event Location: _____ Event Date: _____

Participant Information:

Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Gender: _____ Phone Number: _____

Email Address: _____

Emergency Contact:

Name: _____

Relationship: _____ Phone Number: _____

Medical Information:

Do you have any medical conditions we should be aware of? (Yes/No) _____

If yes, please specify: _____

Race Options:

- 5K Competitive Run
- 5K Fun Run/Walk
- Relay Team Member
- Wheelchair Division
- Other (please specify): _____

Waiver and Release of Liability:

I acknowledge that participating in the 5K Run is a potentially hazardous activity that could cause injury, including death, and I assume all risks associated with participating, including but not limited to falls, contact with other participants, effects of weather, traffic, and conditions of the road or course. I certify that I am physically fit and have trained adequately for this event. I hereby waive, release, and hold harmless the event organizers, sponsors, volunteers, and municipalities involved from any and all claims, liabilities, damages, or causes of action that may arise from my participation in this event. I grant permission to use my name, photograph, and likeness in broadcasts, newspapers, promotions, and advertisements related to the event.

Participant Signature: _____

Print Name: _____

Date: _____

PARTICIPANT SIGNATURE

GUARDIAN SIGNATURE (if participant is under 18)

Signature: _____

Signature: _____

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