

bib number

September 16th, 2017

Eykamp Scout Center Shelter House

5K Run \$20 8am Start Time

| First Name — | | | | | | | |
|---|--|--|--|--|--|--|--|
| Last Name | | | | | | | |
| Female ☐ Male ☐ B | irthdate/_ | / Age | | | | | |
| Address | Phone | | | | | | |
| ZIP Code | _ T-Shirt Size: | SD MD LDXLD XXLD 3XD | | | | | |
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| ALL PARTICIPANTS MUST AGREE TO RACE EVENT WAIVER. | | | | | | | |
| I know that running or walking a road race is a potentially hazardous activity. I should not participate unless I am medically able and properly trained. I also know that, although police protection will be provided, there will be traffic on the course route. I assume the risk of running into traffic. | | | | | | | |
| I also assume any and all other risks associated with running in this event including but not limited to falls, contact with other participants, and effects of the weather and the condition of the roads, all such risks being and appreciated by me knowing these facts, and in consideration of your accepting my entry, I hereby for myself, my heirs executors, administrators or anyone who might claim in my behalf, covenant not to sue, and waiver release and discharge all sponsors, the State of Indiana, City of Evansville, Vanderburgh County and race officials and volunteers, any and all claims of liability for death, personal injury or property damage of any kind or nature whatsoever arising out of, or in the course of my participation in this event. | | | | | | | |
| This release and waiver extends to all claims of every kind of nature whatsoever, for reasons foreseen or unforeseen, known or unknown. The under-signed waiver grants full permission to all sponsors and/or agents by them to use any photographs, videotapes, motion pictures, recordings or any other record of this event for any purposes. | | | | | | | |
| Applications for minors will be accepted only with pare date. | ent's signature. This event will be he | eld rain or shine. T-shirts and packets are not available after race | | | | | |
| Circultura of Dankisia and | | of Decemble of Miner Desiries 1 | | | | | |
| Signature of Participant Da | ile Signati | ure of Parent/Guardian of Minor Participant Date | | | | | |

Please make checks payable to: "Substance Abuse Council Of Vanderburgh County"