

Registration Form
5K Glow Run/Walk
Friday, September 4, 2015
Hosted by Clifton-Clyde National Honor Society

Participant:

Name: _____

Gender: Male / Female (Circle One) Date of Birth: _____

Address: _____

Phone Number: _____

Email Address: _____

Adult T-Shirt Size: S M L XL 2XL 3XL (Circle One)

Emergency Contact Information:

Name: _____

Phone Number: _____

Race Fee: (fee includes race shirt & glow items):

Registration before August 1- \$30 per person

Registration after August 1- \$35 per person

Group of 5 or more- \$5 discount per person

Children 10 and under (race shirt & glow items not included)- free

Please Circle Payment Method: Cash / Check (make payable to **Clifton-Clyde NHS**)
send to: Emily Junek 605 Washington St. Clyde, KS 66938

Event Information: The Clifton-Clyde NHS members will be hosting a 5K Glow Run/Walk on Friday September 4, 2015. Registration/check-in will begin at 8:30 p.m. with the event beginning at 9 p.m. Early check-in will also be available on Thursday, September 3rd from 5:00 p.m. to 6:00 p.m. Participants over the age of 10 will receive a race t-shirt & a glow items. For more information about the event please call 1-785-614-2056.

Event Disclaimer: Please review the following waiver and disclaimer. By adding your signature, you accept this waiver and disclaimer. Waiver and Release: By participating in this Event, I do so at my own risk. I assume all risk of injury, illness, damage or loss to me or my property that might result, including without limitation, any loss or theft of personal property. I consent to medical treatment in the event of injury, accident and/or illness during the Event. I agree on behalf of myself (and my personal representatives, heirs, executors, administrators, agents and assigns) to release and discharge the organizers of this event, its principals, its officers & directors, its employees, all sponsors and their representatives and employees from any and all claims or causes of action (known or unknown) arising out of their negligence. I acknowledge that I have carefully read this Waiver and Release and fully understand that it is a release of liability. By my signature below, I am waiving any right that I may have to bring legal action to assert a claim against any and all Event sponsors for their negligence. I hereby grant full permission to any and all of the foregoing to use my name and likeness in any broadcast, telecast, video or print media reporting or advertising of the Event without compensation.

I AGREE Sign here: _____