



## LAKE RACE 2018 5K RUN/WALK

Must be **RECEIVED** by May 26<sup>th</sup>, 2018. Complete this form in its entirety and return to:

**Stephanie Klautzer**  
**1155 Beacon Pointe Circle**  
**Lake Ozark, MO 65049**

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

GENDER: MALE/FEMALE (CIRCLE ONE) BIRTHDAY: \_\_\_\_\_ **AGE ON RACE DAY:** \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_

### **REGISTER EACH PARTICIPANT INDIVIDUALLY**

PRE-REGISTERED: ADULT (19+) \$20 \_\_\_\_\_ STUDENT (11-18) \$15 \_\_\_\_\_

LATE AFTER 5/26, 2018 ADULT (19+) \$25 \_\_\_\_\_ STUDENT (11-18) \$20 \_\_\_\_\_

T-SHIRT SIZE: S M L XL XXL (PLEASE CIRCLE ONE)

### **MAKE CHECKS PAYABLE TO: LAKE RACE**

### WAIVER

I know that the above event is a potentially hazardous activity. I agree not to enter and participate unless I am medically able and properly trained. I agree to abide by any decision of any race officials as to my ability to safely complete the event. I assume all risks with participating in this event. Having read this waiver and know these facts, I, for myself and anyone entitled to act in my behalf, waive and release, Lake Race, Stephanie Klautzer, City of Lake Ozark, Camden Count, race officials, volunteers and all sponsors from all claims or liabilities of any kind arising out of my participation in the event. I grant permission to all of the foregoing to use any photographs, motions pictures, recordings, or any other record of this event for any legitimate purpose without remuneration.

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Participant or Parent/Guardian Signature (for those under 18 years of age)

Date