

TRICK-OR-TROT 5K

REGISTRATION FORM

OCTOBER 26, 2019 ~ REGISTRATION STARTS AT 5:00PM ~ RACE STARTS AT 6:00PM

Name _____
Address _____
City _____ State _____ Zip Code _____ Home
Phone _____ Work Phone _____ Email
Address _____
Male _____ Female _____
Age on Race Day _____ Birthdate _____ Emergency
Contact: _____
Contact Phone: _____

T-Shirt Size (circle): Small, Medium, Large, XL (all adult sizes)

Entry Fee:

Early Registration: \$25 5K Run/Walk

Day of Race Registration: \$35 5k Run/Walk

Early Registration due by Wednesday, October 9th, 2019

THERE WILL BE AWARDS!

Release and waiver (Please Read and sign)

I know that running is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I also know that, although police protection might be provided, there could be traffic on the course route; therefore, I assume the risk of running in traffic. I also assume any other risks associated with running this event including, but not limited to, falls, contact with other participants, and the effects of weather and conditions of the road. I understand I am solely responsible for my own safety while traveling to and from or participating in this event.

Knowing these facts and inconsideration of your acceptance of my entry, I hereby for myself, my heirs, executors, administrators, or anyone else who might sue on my behalf covenant not to sue, and waive, release, and discharge the sponsors or contributors to this event, any race officials, volunteers, the city and police agencies, their representatives successors or assignees from 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 .

The release form and waiver extends to all claims of every kind or nature whatsoever, foreseen and unforeseen, known and unknown. The undersigned further grants full permission to use any photographs, videotapes, motion pictures, recordings, or another record of the event for any purpose. Minors will be accepted with a parent's signature.

Signature _____ Date _____

Signature of Guardian if under 18 _____ Date _____



Mail Check with Registration Form to:
Camdenton High School DECA
P.O. Box 1409 Camdenton, MO 65020