

BIB NUMBER



HARVEST HAUL

5K & 1.5 MI REGISTRATION FORM

(Race Day Registration)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Email Address: _____

Male Female

Age on Race Day: _____ Birthday: _____

Emergency Contact: _____

Contact Phone: _____

Event: 5K Race 1.5 Mile Walk

Day of Race Registration Fee: 5K = \$25 1.5 mile walk = \$25

WAIVER

(MUST BE SIGNED)

In consideration of your accepting this entry, I, the below signed, intending to be legally bound, for myself, my heirs, my executors and administrators, waive and release and any all rights and claims for damages I may have against the race, and sponsors and their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest that I will participate in this event as a footrace, that I am physically fit and sufficiently trained for the completion of this event. Furthermore, I hereby grant full permission to use my name and likeness, as well as any photographs and any record of this event in which I may appear for any legitimate purpose, including advertising and promotion.

Signature: _____

Date: _____