



# SCHOOL'S OUT 5K OFFROAD GLOW RUN



## Registration & Liability Wavier Form

Each participant/participant guardian must sign this form

NAME: \_\_\_\_\_ CIRCLE AGE GROUP ON RACE DAY SEX: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ UNDER 12 13-19 20-29 30-39 40-49 50-59 60+  
CITY,STATE,ZIP: \_\_\_\_\_ 5K \_\_\_\_\_ FUN RUN \_\_\_\_\_ T-SHIRT SIZE: S M L XL  
EMAIL: \_\_\_\_\_ T-shirts are adult sizes---only available if you are pre-registered by May 14

Location: **Bear Creek Golf Course** Cash \_\_\_\_\_ Check \_\_\_\_\_ Check # \_\_\_\_\_ **Awards for 5K only**

Date: **June 4, 2016** 1<sup>st</sup> overall Male & Female

Time: **Registration @ 7PM** **Race @ 8PM** 1<sup>st</sup> & 2<sup>nd</sup> Place Male & Female in each age group

Registration: \$25 pre-register **FUN RUN: \$5 (DOES NOT INCLUDE T-SHIRT)** Participation ribbon

\$30 on race day

## RELEASE OF LIABILITY (Adult)

Waiver: In consideration of the acceptance of this entry I waive all claims for myself and my heirs against the sponsors, cooperating and coordinating groups and any individuals associated with this event and will hold them harmless for any and all injuries which may result from my participation. I hereby give my permission to the media to use my name and photograph in the newspaper, broadcast, and telecast of this event without limitation or obligation. I certify that I am physically fit for this event and understand the risks involved by participating in this event.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## PARENT / GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_, to participate in the School's Out 5K Offroad Glow Run. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the HOUSTON ROAD B C OR BEAR CREEK GOLF COURSE, its officers, directors and agents, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate HOUSTON ROAD B C OR BEAR CREEK GOLF COURSE, its officers, directors and agents, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith. Medical Matters: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return Registration & Liability Waiver Form to: Houston Road Baptist Church

Make checks payable to: HRBC 217 Houston Rd Laurel, MS 39443