



REGISTRATION FORM

GRAY COUNTY WRESTLING 5K

Saturday, April 21, 2018

Cimarron Elementary School
600 North Second Street, Cimarron, KS

Registration 8:00 AM

Race Starts 9:00 AM

Check www.graycountywrestling5k.wordpress.com for updates

Tear off top to keep – Return rest of form for registration

Full Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Date of Birth: _____

Age: _____

Gender: **M** **F**

Shirt Size:
(circle one)

Adult Sizes :

Small

Medium

Large

XLarge

Youth Sizes :

Youth Small

Youth Medium

Youth Large

Early Bird Registration:

BEFORE APRIL 2

\$20

Guaranteed a shirt

Registration:

AFTER APRIL 2

\$25

Shirts first come/first served

\$2 discount for SWFTR members

Make checks payable to **GRAY COUNTY WRESTLING**

Mail registration form and payment to **Hayley Hennings, Box 223, Cimarron, KS 67835**

Every Participant Must Sign This Wavier! Parent/Guardian for anyone under 18 must sign the wavier.

I know that running/walking a road race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the event. I assume all risks associated with this event including, but not limited to falls, contact with other participants, the effects of weather, traffic and conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of you accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the BEST and Cimarron Schools, and all volunteers associated with this event from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Date: _____

Signature: _____