



**Operation Stand Down Memphis Inc.**  
**Veterans 5K Run/Walk**  
**Participants Registration Form/ Liability Waiver**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Race Information: Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Race Number:** \_\_\_\_\_

**Location: 280 Cynthia Pl, Memphis, TN (Military Retirees of the Tri-State Area)**

**Date: Saturday, October 27, 2018, Rain or Shine Register 6am, Race start at 8am**

**Registration Fee: \$20.00, plus T-Shirt Fee: \$50 JROTC Schools/\$100 per Youth Group) T-shirts not included, Separate T-Shirt purchase pricing is as follows: T-Shirt \$10 S-XL and \$15 for 2XL-3X**  
**Mail completed forms to: PO Box 11634 Memphis, TN 38111 901-305-6410**

**RELEASE OF LIABILITY (Adult)**

**Waiver:** In consideration of the acceptance of this 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/or 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 FOR PARTICIPANTS 17 YRS. AND YOUNGER**

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

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

I, \_\_\_\_\_, grant permission for my child \_\_\_\_\_, to participate in the Operation Stand Down Memphis, Inc., Veterans 5k Race/Fun Walk. 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 Operation Stand Down Memphis, Inc., 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 the Adopt A Boxer Rescue, 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 make checks payable to: Operation Stand Down Midsouth, Inc.**



