



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

Name: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **E-mail:** _____

Organization Information: _____ **Location Number:** _____

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

Date: Saturday, October 27, 2018, Rain or Shine

Set Up Time: 6 am –7am **Event Time:** 8am **Registration Fee:** \$50.00 (10x10 space)

Mail 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:** _____

