

**Labor Day 5K**  
**East Knox School PTO**  
**September 5, 2016**  
**ENTRY FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Age \_\_\_\_\_

Email Address: \_\_\_\_\_ Gender \_\_\_\_\_

Circle Shirt Size            YL      YM      S      M      L      XL      XXL

Participating Event:            5K Run                      5K Walk

Make Checks Payable To:    East Knox PTO

Mail Registration to:        P.O. Box 171 Howard, Ohio 43028

Race Contact Info:            Rebekah Whitney (740)507-6110

Release of Liability

I know that running/walking in a 5K race is a potentially hazardous activity. I represent that I am medically able and properly trained to participate in this event. I assume all risks associated with this event, including but not limited to, heat exhaustion, falls, contact with other participants, effects of weather, dangerous traffic conditions, etc, all such risks being known and recognized by me. I hereby agree, for myself and my heirs, assigns, personal representative, executors and administrators to waive, release and forever discharge East Knox School PTO, race directors, volunteers, and any and all sponsors, suppliers and another other personnel assisting or connected with this event, any rights, claims or demands therefore which I may have or which I may hereafter accrue to me arising out of injury to my person or my property incurred in connection with participation in this event dated September 5, 2016.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if under 18)

\_\_\_\_\_  
Date