

ATOD **LIKE A BOSS** 5K

March 7, 2015

10 a.m.

Stewart Park, Walnut Ridge

HELP PREVENT YOUTH DRUG USE....LIKE A BOSS!!

Registration Form

Name _____ Gender _____

Date of Birth _____ Age On Race Day _____

Address _____

City, State Zip _____

Phone _____ E-mail _____

SHIRT SIZE (circle One) SM M L XL NONE

Name of affiliation of Club or Team _____

Waiver (MUST BE SIGNED)

In consideration of your accepting this entry, I, the below signed, intending to be legally bound, for myself, my heirs, my executors and administrators, waive and release and any all rights and claims for damages I may have against the race, and sponsors and their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest that I will participate in this event as a footrace, that I am physically fit and sufficiently trained for the completion of this event. Furthermore, I hereby grant full permission to use my name and likeness, as well as any photographs and any record of this event in which I may appear for any legitimate purpose, including advertising and promotion.

Signature _____ Date _____

Parent or Guardian if under 18 _____

RETURN FORM ALONG WITH \$20.00 PAYMENT TO:
P.O. BOX 783, WALNUT RIDGE, AR 72476