

Distance For Diabetes 5K Run/Walk Registration Form

RACE CONTACTS: Kate Dobson katedobson@ymail.com

T-Shirts guaranteed to first 150 registrants. Cost is \$20 per runner. May register on race day beginning at 8AM. If mailing in, Make checks payable to "Camp Kno Koma". Race starts at 9AM behind CAMC Memorial Hospital on Virginia Street.

Name _____

Address _____

City/State/Zip _____

Phone (_____) _____ E-mail: _____

Date of Birth (month, day, year) ____ / ____ / ____

Age on race date (4/23/11) ____ // Male ____ Female ____

Runner ____ Walker ____ // Shirt Size: XL ____ L ____ M ____ S ____

WAIVER: By checking the box below, you agree, warrant and covenant as follows: In submitting this entry, I, intending to be legally bound for myself, my heirs, executors and administrations, waive, release and forever discharge any and all rights and claims which I may hereafter accrue against any event sponsors, event volunteers, event staff, and their officers, directors, agents, successors and/or assigns for any injuries suffered by me at this event while traveling to and from the event or while participating in it. I attest and verify that I am physically fit and sufficiently trained for the competition of this event. I understand that I may be photographed and agree to allowing my photo, video, or film likeness to be used for legitimate purpose by the aforementioned parties.

_____ **SIGNATURE**

_____ **DATE**

SIGNATURE (Parent's signature if under 18 years old)