



Name: _____

Address: _____

Phone Number: _____

Male/Female: _____

Birthdate: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Shirt Size: _____

5k or 1 mile: _____

I know that running/walking in a race is a potentially hazardous activity. I should not enter unless I am properly trained, medically able, and take into account any pre-existing medical conditions. I assume any and all risks associated with this event including but not limited to: falls, contact with other participants or traffic, the effects of the weather, and the conditions of the road. All such risks being known and appreciated by me having read this waiver and knowing these facts, and in consideration of you accepting my entry, I for myself and anyone entitled to act on my behalf, waive and release all organizations and persons associated with this event. They are not held liable or responsible for any injuries which I may suffer while taking part in this event, or, as a result thereof. In this connection I hereby waive any damage to my person or property. I grant full permission for organizers to use photographs, video or motion pictures of me and/or quotations from me in legitimate accounts and promotions of this event. No refunds are available, bib numbers are non-transferrable. Event will be held rain or shine. I agree to the above waiver.

Participant/Guardian Signature: _____ Date: _____

Checks payable to: Knox County Aktion Club

Entries may be submitted to:

Knox County Board of Developmental Disabilities

Attn: Kristin Miller

11700 Upper Gilchrist Rd. Suite A

Mount Vernon, OH 43050