

<u>Where</u>: Lake Santee, Parking lot of main beach <u>When:</u> Thanksgiving Day, November, 27, 2014

Registration starts at 7:00am 10k starting time is 8:00am 5k starting time is 8:30am

<u>Prices:</u> \$15 before Nov. 1 (t-shirt guaranteed), \$20 Nov. 1 thru Race Day (t-shirt not guaranteed),

\$5 per 9 years old and younger that is participating (no t-shirt, separate registration per child, must be accompanied by guardian

entire race)

Name of Participant:				_Sex: _	M	F	
Date of Birth:	Age:	Today's date:					
Street Address:							
City:	State:	Zip Co	ode:				
Phone Number:	lumber:Email address:						
Emergency Contact Name a	nd Number:						
Parent or Legal Guardian (if	participant is under	18 years of age):					
Race entering:10k	5k run5k walk	Shirt Size (adult):_	sm	L _	XL _	2X	
<u>PL</u>	EASE READ CAR	EFULLY BEFORE S	<u>IGNING</u>				
I know that running is a potentially hazardous ac race official relative to my ability to safely com entering. I assume all risks associated with run the conditions of the road, all such risks being kr on my behalf, waive and release The Dam Thanks and property owners from all claims or liabili carelessness on the part of the persons named other record of this event for any legitimate regarding the safety	plete the run. I hereby certining in this event including, become and appreciated by me giving Day Race, its volunteeties of any kind arising out of in this waiver. I grant permulations or response. There will be no respectively.	ify that I am in good health and but not limited to: falls, contact e. Having read this waiver and l ers, sponsors, officials, director: f my participation in this event ission to all of the foregoing to	I have trained to r with other particip knowing these fact: s, agents, Lake Sant even though that I use any photograp celed due to dange	un the dist pants, the s, I, for my tee and its iability ma ohs, motion rous weat	eance of the effects of value of the employee out on pictures, there or other or othere.	ne race, which weather, trainyone entitles, officials, it of negligen recordings,	ch I am affic and ed to act residents, nce or or any
Signature:		Date:					
Parent or Legal Guardian Signa	ture (if participant is u	nder 18yrs of age)					
Relationship to Minor:		D	ate:				

Registration and payment may be dropped off at select Anytime Fitness locations or mailed to P.O Box 413, Greensburg, IN, 47240. You can also email thedamthanksgivingdayrace@gmail.com. Checks need to be made out to Clarksburg Volunteer Firefighter.