

Flora Fall Dash 5K Walk/Run Registration

Name _____

Registration fee: \$25

Gender _____ Age _____ DOB _____

Address _____ City _____ State _____ Zip _____

Phone Number _____

Email _____

Age Group:

19 & Under 20-29 30-39 40-49 50-59 60 & Up

Shirt Size (Adult Sizes):

Small Medium Large XL XXL

Emergency Contact:

Name: _____

Phone Number: _____

Waiver and Release:

I, the undersigned, fully recognize the inherent and potential risks of these races at the Carroll County Community Center, and fully understand that it is not the exclusive purpose of these races or their officials, sponsors and directors to serve as guardians of my safety.

I hereby release the Carroll County Community Center, its board of directors, race sponsors, race director, workers or assigns from any liability arising from any occurrence, whether foreseen or unforeseen, in connection with these races, which may result in injury, death or any other damage due to my participation or association in these races and further waive any claim by me or my estate, heirs, or assigns, arising from any occurrence.

I further assume full responsibility for my physical fitness and ability to perform under any conditions of these races.

I hereby certify that I am of lawful age and legally competent to sign this Waiver and Release and further certify that I am fully informed of the contents of the Waiver and Release. I also give permission for first aid.

Participant signature required. Signature of parent/guardian required for children under 18 years of age.

Participant Signature

Date

(If under the age of 18, Parent or Guardian signature is required)

For Office Use: _____ cash _____ check _____ Staff Initials _____ Date