Bib Number _____ (Race Day Registration)



Day of the Dead 5K Run/1 Mile Walk Registration Form

Name				
Address				
City				
Home Phone		Work Phone		
Email Address				
Male Fe	male			
Age on Race Day_			Birthdate	
Emergency Contact:		Contact Phone:		
Event Information:	Date: Location: Time:	John Stiff M 4800 Bell St Family Activ	2, 2018 emorial Park treet, Amarillo, TX. vities start at 5:30pi starts at 7:00pm	
Event: 5K	_ Walk-1 Mile		starts at 7.00pm	
T-Shirt Size: pleas	e circle one:			
Adult Small,	Adult Medium,	Adult Lar	ge, Adult XI	L
Entry Fee (Check On	ne):			
Registration:	_\$30 5K Run	\$30 Individ	ual 1 Mile Walk	\$100 Team Walk (Team of 4)
	There w	ill be a drawin	g for prizes!	
assume the risk of running in to, falls, contact with other pa responsible for my own safety Knowing these facts and incoadministrators, or anyone els sponsors or contributors to th successors or assignees from whatsoever arising out of, or The release form and waiver	tially hazardous activity ough police protection of traffic. I also assume a rticipants, and the effect while traveling to and ensideration of your access who might sue on my is event, any race officing any and all claims of in the course of my parextends to all claims of urther grants full permiser.	might be provided any other risks assects of weather and fro m or participal ceptance of my er behalf covenant itials, volunteers, the liability for death, rticipation. If every kind or na	d, there could be traffic or sociated with running this d conditions of the road. I ating in this event. htry, I hereby for myself, r not to sue, and waive, re he city and police agenci- personal injury, or prope ture whatsoever, foresee photographs, video tapes	In the course route; therefore, I is event including, but not limited I understand I am solely my heirs, executors, elease, and discharge the es, their representatives orty damage of an y kind or nature an and unforseen, known and , motion pictures, recordings, or
Signaturo:			Data:	