



Let's Get Healthy
5K Run/Walk
October 27, 2018
Registration Form

First Name: _____ Last Name: _____

Age on race day: _____ Gender: Male Female

Email: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

T-shirt size:

XS S M L XL XXL

(Guaranteed if registered by **October 19, 2018**)

Location: LaSalle Therapies and Fitness

Registration: 6:30 AM

Race Begins: 7:30 AM

Fee: \$25.00 Cash Check



Waiver (MUST BE SIGNED)

In consideration of your accepting this entry, I, the below signed, intending to be legally bound, for myself, my heirs, my executors and administrators, waive and release and any all rights and claims for damages I may have against the race, and sponsors and their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest that I will participate in this event as a footrace that I am physically fit and sufficiently trained for the completion of this event. Furthermore, I hereby grant full permission to use my name and likeness, as well as any photographs and any record of this event in which I may appear for any legitimate purpose, including advertising and promotion.

Signature: _____ Date: _____

Parent or Guardian if under 18: _____

No refunds will be issued for any reason