

## 5K SIGN UP FORM

Sign Up Date:

Participant Information			
<b>First Name</b>	<b>Last Name</b>	<b>Date of Birth</b>	
<b>Email Address</b>	<b>Gender</b>	<b>T – Shirt Size</b>	
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

Emergency Contact Information		
<b>Full Name</b>	<b>Phone</b>	<b>Relationship to Runner</b>

I confirm that I am in good shape, health, and condition. I don't have any medical condition or medical history that will affect my participation in this event.

I acknowledge that this road race requires physical activity and there are possible risks and danger. I release the road race event organizers for any responsibility in case of an accident, illness, or injury.

I confirm that all information in this registration form is accurate and true.

Signature Date:

Signature: