

BIB#

·	onsored Participant un Run – Sponsored Participant
First Name: Last Name:	
Parent/Guardian (under 18):	
Address: City: State: Zip:	
Date of Birth: Age on RACE DAY: Gender:	
How did you hear about today?	
EVENT DISCLAIMER: Please review the following waiver and disclaimer. By adding your signature, you accept this waiver and disclaimer. For minors under the age of 18, we need their name (on the line below) and the signature (under 'Sign here') of a parent or guardian.	
Waiver and Release: I	itation, any loss or theft of personal property. If injury, accident and/or illness during the event tatives, heirs, executors, administrators, agents acipals, its officers & directors, its employees, alond its officers and employees from any and alond gence. I acknowledge that I have carefully reactly. By my signature below, I am waiving any right all discharge the organizers of this event, it is ir representatives and employees, the City out full permission to any and all of the foregoing
Sign here:	OFFICE USE ONLY
Adult Participant or Parent/Guardian of a Minor Participant under 18	☐ Cash ☐ Check
	Sponsor:
	Received by: