

Love	Your]	Library	5K

Name:	Address:			
Email:				
Phone:	Gender:	Μ	\mathbf{F}	Age on race day:
Shirt Size (2X, 3X an	d 4X add \$2.00)			Amount paid

WAIVER: I know that running a road race is a potentially hazardous activity and I should not enter a run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event, including but not limited to falls, contact with other participants, the effects of weather (including high heat or humidity), traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver, I release the City of Ashland, Boyd County Public Library, O Such Tri-State Race Planners, race officials. volunteers and all sponsors from all claims to liabilities arising out of my participation in this event.

Signature:

: _____ Date: _____ Parent/Guardian (For minor): _____