

6th Annual Brandon C. Franzen Memorial 5k Run/Walk

When: July 19, 2025, Registration at 7 AM, Run/Walk begins at 8 AM

Where: Western High School, 7959 St. Rt. 124, Latham, OH 45646

Hosted by: Brandon C. Franzen Memorial Foundation, Inc. (501(c)(3) Nonprofit Corporation)

Checks made out to Brandon C. Franzen Memorial

5k Run/Walk Fee: \$25.00 until 6/30/25. 7/01/25 and race morning, fee is \$30.00

First & Last Name:	 '
Age on race day: Date of birth:/	<u>.</u>
Male or Female (Circle One) Run or Walk (Circle One)	
Address:	
City: State: Z	p Code:
Telephone: (Email:	
(Please fill out ALL the information above. For registrations a	fter July 1, 2023: shirt to be ordered at conclusion of 5k event.)
Youth small Youth medium Youth large	
Adult small Adult medium Adult large Adult x-la	rge
Adult xx-large (+ \$2). Adult xxx-large (+ \$2). Adult xx	xx-large (+ \$2)
Waiver & Release for the 5 th Annual Brandon C. Franzen Memorial 5k Run/Walk	
involves a risk of injury, including bodily injury, and assume t legal representatives and to the fullest extent permitted by land Buddy Fights Alone and Western Local School District and the	nat my participation in the Brandon C. Franzen 5k Run/Walk the risk for same. On my own behalf and on behalf of my heirs and aw, I hereby release and discharge Operation Untiltheresnone: No eir respective directors, employees, affiliates, members, agents and eath, or damages and/or any other claims, demands, losses or e Brandon C. Franzen Memorial 5k Run/Walk.
cost and expense, including attorneys' fees, in connection wi or loss of property, arising from or out of services rendered be insurance to protect its interests as those interests pertain to	officers, directors, members, beneficiaries, partners, less from and against any and all claims, actions, damages, liability, th all losses, including loss of life, personal injury and/or damage to by TSR. Event Organizer acknowledges that it must provide any the services of TSR and shall name TSR as an additional insured or that TSR shall not provide any insurance for the benefit of Event or
Signature:Date:	
Signature of Parent/Guardian:	Date: (If under 18)