Registration United Way Scarecrow 5k/10k Walk/Run

Name:_____

Address: _____

_____

Email: _____

Phone #:_____

Age: _____ Gender: _____

T-Shirt Size Adult Sizes

S____ M____ L____ XL____ XXL____XXXL____

Youth Sizes S____M____

United Way Scarecrow 5k/10k Walk/Run
Waiver & Release Form

I_____(print name), acknowledge that my participation in the United Way Scarecrow 5k/10k Walk/Run involves a risk of injury, including bodily injury, and assume the risk for the same. On my own behalf and on behalf of my heirs and legal representatives and to the fullest extent permitted by law, I hereby release and discharge race directors, officers, volunteers, sponsors, affiliates, members, agents and representatives, of and from any and all liability for injury, death, or damage, or damages and/or any aspect of the Scarecrow 5k/10k Walk/Run.

Signature _____

Parent Signature (if participant if under the age of 18)

_____