5K RUN FOR THE BOOKS REGISTRATION FORM

Saturday May 19, 2018 Rain or Shine
Meet at Haralson County Historic Courthouse

FIRST NAME (PLEASE PRINT)_____ LAST NAME _____

_____ MALE FEMALE
ADDRESS CIRCLE GENDER

CITY STATE ZIP PHONE # EMAIL

5 K RUN Pre-Registration thru May 1st $15_____

5 K RUN Late Registration May 2nd thru 19th $ 20 _____
5 K Sign In Begins at 7:30am RACE BEGINS AT 8:30am

SQUARE WALK $ 15 _____ SIGN IN 10:30AM WALK AT 11:00AM

5K TROPHY LEVELS CIRCLE AGE 0-12 13-25 26-45 46 & OVER

T-SHIRT SIZE S_____ M_____ L _____ XL_____ XXL_____

SHIRTS ARE PROVIDED TO ALL PRE-REGISTRERED PARTICIPANTS. WE DO NOT GUARANTEE A SHIRT OR THE CORRECT SIZE FOR LATE REGISTRATION. THANK YOU FOR UNDERSTANDING.

MAKE CHECKS PAYABLE TO FOTL – 5K

BRING FORMS TO BUCHANAN-HARALSON PUBLIC LIBRARY

OR MAIL TO RUN FOR THE BOOKS 5K P O BOX 338 BUCHANAN, GA 30113

WAIVER AND RELEASE STATEMENT ALL PARTICIPANTS MUST SIGN

I have read this waiver and release and understand it fully. I know that running and walking in a race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I assume all risks associated with my voluntary participation in this event, including but not limited to falls, contact with other participants, the effects of the weather, extreme temperature, traffic and conditions of the road, all such risks being known and appreciated by me. Knowing these facts, and in consideration of your accepting my entry, I for myself, my guardian/parent, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue and waive, release and discharge: Friends of the Buchanan-Haralson Public Library, Buchanan-Haralson Public Library, West Georgia Regional Library, Boy Scouts of America, Haralson County Historical Society, the City of Buchanan, all sponsors, race officials, volunteers and workers, their representatives, successors, or assigns for any and all claims or liability, whether foreseen or unforeseen, for death, personal injury, or property damage arising out of, or in the course of my participation in this event. I further grant full permission to the above mentioned sponsors, organizers, and/or agents authorized by them to use any photographs, videotapes, motion pictures, recordings or other record of the event for any reasonable purpose.

_____ _____

Signature of Participant (or signature of parent of legal guardian if Participant is age 17 or under) **Date**