

Registration Form

Mental Health Awareness 5K Run/Walk

1. Fill out this form completely.
2. Sign and date the waiver at the bottom of this form.
3. Enclose a check payable to CUMC - End the Stigma
4. Fill out a separate form for each runner or walker.

NAME: _____ AGE: _____ SEX: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

SHIRT SIZE (circle One) SM M L XL XXL (+\$2) XXXL (+\$2) NONE

Amount Enclosed: \$ _____ (\$20 with t-shirt, \$15 no t-shirt by September 1, 2018. After September 1, \$20 NO t-shirt available)

Please circle one WALKER or RUNNER

Mail Entry Form and make Checks payable to:

The Carlisle United Methodist Church, 405 School Street, Carlisle, IA 50047

WAIVER: In consideration of you accepting this entry, I, the participant, intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against the CUMC, and all of their agents assisting with the event, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above waiver.

Signature (Parent's Signature If under 18) Date