

Kalida Band 4 Miler
May 11, 2019
Registration starts at 8am
Race starts at 9am

Four Seasons Park
18031 Road M
Cloverdale, Ohio 45827

- Fee: \$20
- Runners will receive a t-shirt (if registered by April 28) and refreshments
- Overall and age group awards
- Water stop on course
- Walkers welcome

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Gender: _____ Birthday: ____/____/____ Age on race day: _____
Email (for confirmation): _____
T-shirt: S M L XL XXL (add \$2) No Shirt
Register by April 28 to guarantee a shirt
Emergency contact name: _____
Emergency contact phone: _____
Did a student ask you to sign up? If so, who? _____

If you want to donate to the fundraiser, but don't wish to participate in the race, please fill out your name, address and contact information for our records and send it in with your donation amount.

Send this form and \$20 race fee and/or donation to:

Kalida High School
Attn: Jacob Litwiller
301 N Third St
PO Box 269
Kalida, Ohio 45853

Make checks payable to "Kalida Local Schools"

Please sign the waiver below (if under 18, parent/guardian please sign)

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typical found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. 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 a licensed Medical Doctor has verified my physical condition.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

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 release and waiver.

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, video graphic or electronic recording of this event for legitimate purposes.

Name: _____

Signature: _____