

Print first and last name _____ Gender M F

Address _____ Zip _____

City _____ State _____ Phone _____

Age on 10/21 _____ DOB _____ Preferred shirt size (if received before 9/30) **adults** S M L XL

Email _____ **youth** S M L

5K 300 m SD 12 resident SD 12 employee challenged wheelchair enclosed fee \$20 , \$25 , \$5 adtl. donation \$ _____

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, effects of the weather, including high heat and/or humidity, dehydration, traffic, and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Malverne Educational and Fitness Foundation, and all sponsors, race officials, their agents, servants and volunteers, their representatives, and successors from all claims of liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, and any other record of this event for any legitimate purpose. I acknowledge that entry fees are non-refundable for any reason and that my right to participate in this event (or a rescheduled event if this event is cancelled) is non-transferable. Roller blades, baby joggers, headphones, and animals are prohibited from use in this race.

Signature _____ Date _____ Representative _____
co018^{sep} (if participant is under 17 years of age)

PLEASE, COMPLETE A SEPARATE REGISTRATION FORM FOR EACH PARTICIPANT

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