

REGISTRATION

Name _____ Gender (circle) Male Female

Address _____ Apt. #/Suite _____

City _____ State _____ Zip _____

Email address _____ Phone (____) _____

Age (as of 10/22/2016) ____ DOB ____/____/____ Is this your first 5K? (circle) Yes No

Emergency Contact _____ Relationship _____ Phone (____) _____

T-Shirt (circle size) YS YM YL S M L XL XXL

CHECKS MADE OUT TO WILLIAM BLOUNT BOYS BASKETBALL

Credit Cards will be accepted.

PARTICIPANTS RELEASE: PLEASE READ, SIGN AND DATE, AND RETURN WITH REGISTRATION IN ORDER TO PARTICIPATE IN RACE.

I, _____, waiver and knowing these facts, and in consideration of your acceptance of my application or volunteering, I for myself, and anyone entitled to act on my behalf, waive and release William Blount, Blount County Schools, and the Town of Louisville, and any vendors or participants of Octoberfest in conjunction with the Town of Louisville, any or all members thereof, their sponsors, representatives, successors from all claims or liability of any kind arising from my participation in the aforementioned event, even though that liability may arise out of negligence or carelessness on the part of the persons named in the waiver. I also grant permission to all the foregoing to use any photograph, motion pictures, recordings, or any other record of this event for any legitimate purposes.

X _____ Date _____
Participant's Signature

X _____ Date _____
Parent/Guardian Signature if under 18

