



Melanie Kristin Price Foundation

"Wilkins Lodge", #Two Mile Hill, St. Michael

TEL: 829-8074

5K Walk/Run Registration Form

In aid of Scholarships Fund

(PLEASE PRINT)

Race Entry: 5K Walk ☐ 5K Run ☐ **Sex:** Male ☐ Female ☐

Timing Tags: ☐ Yes ☐ No

Name: _____ **Age (as of 9/4/17):** _____

Address: _____

Telephone: (H) _____ (W) _____ (C) _____

Email: _____

T-Shirt Size: Adult ☐ Small ☐ Medium ☐ Large ☐ X-Large

Children ☐ Small ☐ Medium ☐ Large

Payment: *Please make all Cheque payable to the Melanie Kristin Price Foundation.*

5K Walk \$ _____

5K Run \$ _____

Select Method of Payment: ☐ Cheque ☐ Cash

FOR OFFICIAL USE

Receipt # _____ Race # _____

☐ Paid ☐ Delivered

Waiver/Release:

*I understand that competing and participating in a road race is a potentially hazardous activity. I understand that I should be medically able to participate and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the race. I assume all risks associated with participating in this event. As a participant in this event, I hereby give the right and permission to the **Melanie Kristin Price Foundation** to use recorded voice and photographic images through any medium. Having read this waiver and release and knowing these facts, I understand that by signing this waiver and release I waive and release the **Melanie Kristin Price Foundation**, representatives, volunteers, and others connected with this event from any and all claims and liability of any kind arising out of my participation in the **5K Walk/Run**. I understand that all registrations are final and that no refund will be available once I submit my registration for this event. My signature below indicates that I understand, accept and agree to this waiver and release.*

Signature: _____ **Print Name:** _____ **Date:** _____

(Signature of parents if under 16 years of age)