

4th Annual Whitestown Parks 5K Walk/Run
Registration Form
October 8th, 2011

Name _____ Phone: _____
Address _____ E-Mail _____

T-Shirt Size: (Circle One)
Adult: M L XL XXL
Youth M L

Please make checks out to: Whitestown Parks and Recreation Department
Registration before Oct. 2nd is \$15.00, Day of event is \$20.00.
Please drop off your registration and payment at the Town Hall Business mailbox.
Shirts guaranteed for pre-registered participants only. Strollers welcome!

I cannot participate. Please accept my donation of : \$ _____

Start and Finish will be at Panther Park on Buck Street, Whitestown.
Registration starts at 8 am and the race starts at 8:30 AM.

All Proceeds will go to the Whitestown Parks and Recreation Department.
Any questions please call (317) 769-6557 or email: dzachelmeyer@whitestown.in.gov

WAIVER AND RELEASE – Must be signed by Participant over 18.
If participant is under 18, must be signed by parent/guardian.

By signing below, I assume the risk of participating in this event. I acknowledge and understand that participating in running and/or walking a road race is a strenuous and potentially hazardous activity. I represent that I am physically capable of participating in this event, and I represent that I have received no restrictions on such activity from any physician. I understand and assume all risks associated with my voluntary participation in this event, including, but not limited to, falls, contact with other participants, the effects of weather, including extreme temperatures, traffic, lightning, and all conditions of the road, all such risks being known and appreciated by me. Knowing these facts, and in consideration of your accepting my entry, I for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue, and waive, release, and discharge the Whitestown Park and Recreation Department, all events, sponsors and volunteers, the Town of Whitestown, and any individuals having any connection to this event, for any and all claims and liability, whether foreseen and unforeseen, for death, personal injury or property damage arising out of, or in any way related to, my participation in this event. No Refunds and No rain date.

Participant (Parent/Guardian) Signature: _____