

**Kick Off the New Year  
Half Marathon and 5K  
REGISTRATION FORM  
January 26, 2019**

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**Participant Information**

Full Name: \_\_\_\_\_ Community \_\_\_\_\_

Gender: M    F      Age Category: 6-13    14-18    19-25    26-55    56+

Email: \_\_\_\_\_

**Please check one:**

Half Marathon: \_\_\_\_\_      5K: \_\_\_\_\_

**How did you find out about this event?**

\_\_\_\_\_ Newspaper      \_\_\_\_\_ Word of Mouth  
\_\_\_\_\_ Facebook      \_\_\_\_\_ Community Events  
\_\_\_\_\_ Flyers      \_\_\_\_\_ Other: \_\_\_\_\_

**Emergency Information**

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Release of Liability – Acknowledge of Risk**

**Waiver Responsibility:** In consideration of your acceptance of this entry, for myself, heirs, executors, or administrations, I hereby waive and release any and all right and claims for damage I may have against sponsoring organizations or representatives for any and all injuries sustained by in any activity, including transportation to and from the site of such activity related directly or indirectly to my participation of said activity. I hereby give my permission for the use and reproduction of video footage, photographs or audio recordings. I understand that any use of my image and/or voice will be for the purpose of health promotion.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name Here

\_\_\_\_\_  
Parent/Guardian (must sign if child is under 18 year old)