



CHECK EVENT:

5K

FEES: 5K \$25

SHIRT SIZE (CIRCLE): S M L XL 2X

FIRST NAME: _____ **LAST NAME:** _____

EMAIL: _____ **GENDER:** _____ **AGE:** _____ **DOB:** __/__/____

ADDRESS: _____ **ZIP CODE:** _____

SIGNATURE: _____

IN CONSIDERATION FOR ACCEPTING MY ENTRY IN THIS RACE, I FOR MYSELF, MY HEIRS, EXECUTORS & ADMINISTRATORS, WAIVE & RELEASE FOREVER ANDY & ALL RIGHTS & CLAIMS FOR DAMAGES I MAY HAVE AGAINST THE ORGANIZERS & SPONSORS OF THIS EVENT. I ALSO RELEASE THE ABOVE NAMED FOR ALL CLAIMS OF DAMAGE DEMANDS, & ACTIONS IN ANY MANNER DUE TO ANY PERSONAL INJURIES, PROPERTY DAMAGE, OR DEATH SUSTAINED AS A RESULT OF MY TRAVELING TO & FROM & MY PARTICIPATION IN SAID RACE. I ATTEST & VERIFY THAT I AM PHYSICALLY FIT & HAVE SUFFICIENTLY TRAINED FOR THE COMPETITION OF THIS EVENT. IN FILLING OUT THIS FORM, I ACKNOWLEDGE I HAVE READ & FULLY UNDERSTAND MY OWN LIABILITY & ABILITY.

Make checks payable to: Anna McKnight Memorial 5K, PO Box 2592, Coeburn, VA 24230
