

REGISTRATION \$10.00

Name: _____

T-Shirt Size (Circle one): S M L XL 2XL

Age On Race Day: _____ Gender (Circle): Male Female

Address: _____ City: _____

State: _____ Zip code: _____

Email Address: _____

Phone Number: _____

Emergency Contact: _____

Phone Number: _____

WAIVER:

I UNDERSTAND THAT RUNNING A ROAD RACE IS POTENTIALLY DANGEROUS ACTIVITY. I SHOULD NOT ENTER AND RUN UNLESS I AM MEDICALLY ABLE AND PROPERLY TRAINED. I AGREE TO ABIDE BY ANY DECISION OF A RACE OFFICIAL RELATIVE TO MY ABILITY TO SAFELY COMPLETE THE RUN. I ASSUME ALL RISKS ASSOCIATED WITH RUNNING IN THIS EVENT, INCLUDING BUT NOT LIMITED TO FALLS, CONTACT WITH OTHER PARTICIPANTS, AND THE EFFECTS OF THE WEATHER, TRAFFIC AND THE CONDITION OF THE ROADS. HAVING READ THIS WAIVER AND KNOWING THESE FACTS AND IN CONSIDERATION OF YOUR ACCEPTING MY ENTRY, I, MYSELF AND ANYONE ENTITLED TO ACT ON MY BEHALF, WAIVE AND RELEASE THE CITY OF SENECA, RACE OFFICIALS, VOLUNTEERS, AND ALL SPONSORS FROM ALL CLAIMS AND LIABILITIES OF ANY KIND ARISING OUT OF MY PARTICIPATION IN THIS EVENT.

Signature: _____ Date: _____

*** PLEASE RETURN FORM TO SENECA CITY HALL @ 221 E. N. 1ST STREET, SENECA, SC 29678