

REGISTRATION FORM

ElectriCom 3rd Annual 5K walk/run will begin at 10am on October 27, 2018 behind the French Lick Resort Convention Center, located at 8670 W State Road 56, French Lick, IN.

\$20 Advanced Registration

\$25 Race Day Registration

Register by 10/12/18 to guarantee a t-shirt.

Race beneficiaries:

Orange County Community Foundation Women's Giving Circle
The National Breast Cancer Foundation



First Name: _____ Last Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Gender: _____ Age (on 10/27/18): _____ Emergency Contact: _____

Are you entering a team? Yes / No If yes, team name? _____

Would you like to participate in the 5K Run or 5K Walk? (Circle One) 5K Run / 5K Walk

T-shirt size (Circle One): Youth S Youth M Youth L Adult S Adult M Adult L Adult XL Adult XXL (\$2 Extra)

Please make checks payable to ElectriCom and mail your registration and payment to:

ElectriCom
PO Box 319
Paoli, IN 47454
ATTN: Lori Kendall

I acknowledge that my participation in the ElectriCom Breast Cancer 5K Run and Walk involves a risk of injury, including bodily injury, and assume the risk for same. On my own behalf and on behalf of my heirs and legal representatives and to the fullest extent permitted by law, I hereby release and discharge ElectriCom and their respective directors, officers, employees, affiliates, members, agents and representatives, of and from any and all liability for injury, death, or damages and/or any other claims, demands, losses or damages, incurred by me in connection with any aspect of the 5K Run and Walk. If I am an employee of ElectriCom, I acknowledge that my participation in the 5K Run and Walk is completely voluntary and does not constitute part of my work-related duties. I understand that my decision to participate, or not participate, in this activity will not affect my job status. I further hereby release and discharge Blue Sky Casino LLC d/b/a French Lick Resort and their respective directors, officers, employees, affiliates, members, agents and representatives, of and from any and all liability for injury, death, or damages and/or any other claims, demands, losses or damages, incurred by me in connection with any aspect of the 5K Run and Walk. I further agree that I will indemnify, save and hold harmless Blue Sky Casino LLC from litigation expenses, attorney fees, loss, liability, damage or cost which I may incur as the result of such claim.

Participant Signature: _____ Date: _____

If minor: (under 18) parent/guardian signature: _____ Date: _____

THANK YOU TO OUR SPONSORS!

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