

Old Eckerty Days

5k Race/ Fun Walk

Who: Open to Everyone

When: Saturday, September 26, 2015 @ 8:00 am

Check-in begins at 7:30 am

Where: Eckerty Post Office, Eckerty, Indiana

Cost: \$20.00

To guarantee a T-shirt, register by September 5, 2015. After September 5, registration fee is \$25.00

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

PARENT/GUARDIAN (CHILDREN UNDER 18): _____

EMERGENCY CONTACT: _____ PHONE: _____

T-shirt size (circle ONE): Adult: S M L XL XXL Youth: S M L

RELEASE OF LIABILITY (Adult)

Waiver: In consideration of the acceptance of this entry I waive all claims for myself and my heirs against the sponsors, cooperating and coordinating groups and any individuals associated with this event and will hold them harmless for any and all injuries which may result from my participation. I hereby give my permission for the media and representatives of OED to use my name and photograph in the newspaper, as well as websites of this event without limitation or obligation. I certify that I am physically fit for this event and I understand the risks involved by participating in this event

Signature Date: _____ Signature: _____

PARENT / GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant name: _____ Birth Date: _____ Sex: _____

Parent/Guardian Name: _____ Home Phone: _____

I, _____, grant permission for my child, _____, to participate in the OED 5k Race/Fun Walk. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant. I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend OED, its officers, chairs, agents or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness, injury or cost of medical treatment in connection therewith and I agree to compensate OED, its officers, chair, agents or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith. I hereby give my permission for the media and representatives of OED to use my child's name and photograph in the newspaper as well as websites of this event without limitation or obligation

Medical Matters: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Signature Date: _____ Signature: _____

Visit www.eckertydays.com for electronic registration or mail with payment to:

Old Eckerty Days 5k

3495 S Eckerty Doolittle Road
Eckerty, IN 47116

Make checks payable to : Old Eckerty Days

Questions?? Contact Abe (812) 613-0432 or Luke (812)613-0014