



5K FUNgus RUN/1 MILE FAMILY WALK

GLOW RUN

Sponsored by Trophies by Menke & Ideal Industries

Friday May 6<sup>th</sup>, 2016

Registration from 6:30pm to 7:30pm-Race starts at 8pm

**PARTICIPANT INFORMATION**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

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

I WILL BE PARTICIPATING IN THE (PLEASE CIRCLE):      1 MILE WALK      5K FUNgus Run

T SHIRT SIZE & COLOR (PLEASE CIRCLE):    **COLOR :**    SAFETY PINK      SAFETY YELLOW

**YOUTH:** SMALL MEDIUM LARGE    **ADULT:** SMALL MEDIUM LARGE XL XXL

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

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

**ENTRY FEE: \$20- PAY DAY OF RACE-NO SHIRT**

**\$20- PREREGISTER AT RICHMOND AREA CHAMBER OF COMMERCE-FREE SHIRT-DUE BY MAY 3RD**

T SHIRTS ARE INCLUDED FOR ALL PAID PREREGISTERED PARTICIPANTS. FEEL FREE TO WEAR YOUR GLOW WEAR!

**WAIVER AND RELEASE**

I know that running a road race is a potentially hazardous activity. I would not enter and race 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 compete in the event. I assume all risks associated with participating in the event, including, but not limited to falls, contact with other participants, effects of weather (including high heat and humidity), traffic and the conditions of the road-all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Richmond Area Chamber of Commerce, Richmond Mushroom Festival Committee, Ideal Industries, Trophies by Menke and all sponsors, their representatives and successors, for claim or liability of any kind of rising out of negligence of carelessness on the part of the person named in this waiver.

Mushroom Festival Committee and the Richmond News may take photographs for public purposes. By signing this form, you are consenting to the use of the images for use in our printed publications, media releases, on our website or social media site (Face book) and/or as a part of fixed display.

Signature of Participant or Parent/Guardian (required if participant is under age 18)

\_\_\_\_\_ Date: \_\_\_\_\_

For more information please call Natalie Lamar at 816-776-6916