

**Woodruff Park 5K**

**Saturday, June 9, 2018**

**8 am**

**Race part of Summer Series – only use form if running individual race not Series**

**Mail completed & signed entry form with payment to:**

**Columbus Roadrunners**

**POB 9734**

**Columbus Ga 31908**

Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian if participant is under 18 years old: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Waiver/Release Statement (please read and sign below):**

In consideration of acceptance of this entry, I hereby, for myself, my heirs, my executors, and administrators, waive any and all rights and claims for illness, injuries, or damages I may have against the Columbus Roadrunners, and it’s officers, directors, and members, volunteers, employees, agents, sponsors or race director. None of the above is responsible for loss of personal items, or any form of aggravation in connection with said event. I fully understand that my participation is a completely voluntary undertaking of my own choosing and I fully understand that in doing so I assume full responsibility for all damages or injuries incurred by me in connections with this event. I give permission for the free use of my name or photograph in any broadcast or print account of this event. I am in proper physical condition to participate in this event. I certify that I carefully read this release and know the contents.

**Where:** Woodruff Park

**Course:** Road & Riverwalk

**Cost:** $20 CRR members, $25 nonmembers; Race Day $30

Special Goodie

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**Registration:** Register at Big Dog Running Co store, complete this form & mail, or go online to RunSignUp.com

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_ Male:\_\_ Female:\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_