MAKE ALL CHECKS PAYABLE TO "JOE'S RUN"

Must Fill Out Registration Form COMPLETELY To Be In Results ☐ Visa ☐ Master Card ☐ Amex ☐ Discover

Account No. _____ Exp. date _____

Check No. _____ Amount _____

Last Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ First Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Age ☐☐ Date of birth ☐☐ / ☐☐ / ☐☐ (circle one) Sex: Male Female Event: 10K 5K 5K Run/Walk

(circle one) Would you like to be placed in the Clydesdale or Filly division (200 lbs. + male; 160lbs.+ female) Yes No

(circle one) Will you be competing in the THE SHACK Corporate Team Challenge 10K or 5K?

T-shirt size (circle one): Sm Med Lg XL XXL (add $2) How did you find out about this event? _____

Address _____ Phone _____

City _____ State _____ Zip _____

e-mail: _____

Team name: _____ Team Captain: _____ Team type (circle one) Open School

Waiver: (Must be signed) VERIFY: By signing your name below, you agree to the restrictions stated below. Your entry will not be accepted without your signature.
WAIVER STATEMENT: **ENTRY INVALID IF NOT "VERIFIED" BY SIGNATURE.** By submitting this form, I assume full and complete responsibility for any injury or accident which may occur to me during the event or while I am on the premises of the event, and I hereby release and hold harmless the presenters and all other persons and entities associated with the event from liability for injuries and damage sustained by me whether same be caused by negligence of the presenters and all other persons and entities associated with the event or otherwise. I further acknowledge that the Joe's Run course will close at 9:30 a.m. and after that time there will be no support on the course. Further, I grant permission to use any photographs, videotapes, or any other records of this event involving me for any legitimate purpose.

Signature of Athlete (or parent/guardian) _____
IF ATHLETE IS UNDER AGE 18: This is to certify that my son/daughter has my permission to compete in the Joe's Run event and related events, is in good physical condition, and that the race officials have my permission to authorize emergency treatment if necessary.