

Great Pumpkin 5K Walk/Run Race

Wellness Program Registration Form



Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Age: _____ Sex: _____ E-Mail Address: _____

Please circle one:

SHIRT TYPE: Adult/Youth

SHIRT SIZE: SM/MED/LG/XL/XXL

RACE CHOICE: Run/Walk/Youth Challenge (14/under) STATUS: Employee / Buddy / Other adult / Child

REGISTRATION FEE: Employee (Free) One buddy (\$10) Adult (\$25) Child (\$15) TOTAL \$_____

Waiver:

I, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the organizers and sponsors of the Great Pumpkin Race for any and all injuries I may suffer in connection with my participation in this event. I also give the organizers consent to use any photos taken during the event for advertising or posting on the website.

Print Name

Signature (or Guardian)

Date

Make your tax-deductible checks out to the CSI.



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