



Hanging Rock 5K Run/Walk

Saturday, June 25, 2016 in Redfield, Iowa

Name _____

Gender ___ Male ___ Female

Address _____

City, State, Zip _____

Date of Birth (mm/dd/yyyy) _____/_____/_____

Shirt size ___ S ___ M ___ L ___ XL

PARTICIPANT WAIVER

This release and waiver is executed on this date: _____.

Month Day, year

Knowingly, and at my own risk, I am participating in the Hanging Rock 5K Run/Walk.

I, my heirs, executors and administrators do hereby waive release any and all claims against the Redfield American Legion Post 261, all event sponsors and any employee, volunteer, or officials of these organizations from any claim of injury (including death) that I may incur as a result of my participation in the event. I further hereby certify that I have full knowledge of the risks involved in this event, and I am physically fit and sufficiently trained to participate. If, however, as a result of my participation in the Hanging Rock 5K Run, I require medical attention, I hereby give consent to authorize medical personnel to provide such medical care as deemed necessary.

Printed name of participant: _____

Signature of participant: _____

For runners under the age of 18 years:

Signature of Parent or Guardian _____

Entry fee \$20 prior to June 25, 2016. \$30 on the day of.

Please send entry form and money payable to WCV Run Club:

**Redfield City Hall
P.O.Box 127
Redfield, Iowa 50233**