

Markle Chamber Chase 5K Walk / Run Entry Form

Full Name _____

Street Address _____

City _____ **/State** _____ **/Zip** _____

Phone Number _____ **Sex: M F**

Age as of August 19, 2017 _____ **Circle Shirt Size : Youth: S/M M/L Adult: S M L XL**

Participating Event: 5K Run 5K Walk

Make Checks payable to: Markle Area Chamber of Commerce

**Mail Registration to: Markle Area Chamber of Commerce
P.O. Box #340
Markle, IN 46770**

Signature

Date

Parent's Signature (if under 18 years of age)

Date

This agreement releases The Markle Area Chamber of Commerce and The Ride 2 Provide from all liability relating to injuries that may occur during any and all activities. By signing this agreement, I agree to hold The Markle Area Chamber of Commerce and The Ride 2 Provide entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether or not injuries are caused by negligence.

I also acknowledge the risks involved in this event. These include, but are not limited, to motor vehicle accidents. I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

By signing below I forfeit all rights to bring a suit against The Markle Area Chamber of Commerce and The Ride 2 Provide for any reason. In return, I will receive participation in any Markle Area Chamber of Commerce or Ride 2 Provide activities. I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

**I, _____, fully understand and agree to the above terms.
(Printed Name)**

(Participant)

(Date)

(Parent or Legal Guardian of above name if minor)

(Date)