



THE GREAT 5K PUMPKIN RUN

Saturday, October 1, 2016

Registration Form

Time: Check-in @ 10:30 a.m.

Race Starts @ 11:00 a.m.

Where: Start/Finish Line—South of Rail head Building (1st & Walnut)

INDIVIDUAL/ADULT

\$15

Includes
Pumpkin Run
T-shirt

INDIVIDUAL/kid

Free!!!

No t-shirt
Children under the age of
12 must be
accompanied by an adult

SCHOOL Athletic Team

All teams are welcome to team
up & represent their school.

\$10/team member
Includes a
Pumpkin Run t-shirt

Family pack

\$40/4 family members
Includes Family t-shirts

Family teams must have
1 adult

****T-Shirt Deadline is by NOON on Thursday, September 22nd!!**

Name: _____ **Age:** _____

Address: _____

City, State, Zip: _____

Phone #: _____ **Email:** _____

**T-SHIRT
SIZE:**

Waiver must be signed with entry. I know that participating in this event is potentially and inherently a dangerous activity which includes obstacles, uneven terrain, water hazards, as well as other planned and unexpected challenges which may involve climbing, jumping, running, sliding and/or other physical demands. I certify that I am physically fit and have no medical condition that would make my participation in this event more hazardous. I am solely responsible for determining if I am (or my child) is physically fit and sufficiently skilled for the event. I understand that the course may contain untested water hazards, wild animals, insects and plants. I agree not to dive into or enter any obstacle head first, as doing so may cause serious physical injury. I assume full and complete responsibility for any injury, accident, or any health related issues which may occur to me during the race, as a result of my participating in the race, or while I am on the premises of the event and I hereby release and hold harmless the sponsors, promoters, the race production company, and all other persons and entities associated with the event or their agents, employees or otherwise. I further certify that I am in good physical condition and fully able to participate in this event. I grant full permission to any and all the foregoing to use any photographs or records of this event. I understand that fees are not refundable. I have read, understand and voluntarily signed this agreement.

Participant's Printed Name: _____

Participant/Parent/Guardian Signature: _____

Signature of parent or guardian if under 18 years old

Date: _____

Drop off registration at Producers Coop Gin — 365 West 2nd St.

FMI Contact: Amanda Jo Ritchey 325-728-3403 or

email questions to ccitychamber@gmail.com