## Terre Haute Parks & Recreation Department Memorial Run/Walk

Deming Park-Terre Haute
May 29, 2023

5K Run or Walk



1 Mile Fun Run

| P   | ARTICIPAN  | INFORMAT  | ION  | MIT   |  |  |   |
|---|--|---|--|---|--|--|---|
| Last Name:  | First Name:  |   |  |   |  |  |   |
| Address:  | Contact Num  |   |  | Num   | ber:   | 11   |   |
| City: State:  |  |   |  |   |  | Zip:   |   |
| Date of Birth:  |  | Age on race day:  |  |   |  | Male   | Female  |
| Email address:  |  |   |  |   |  |  |   |
| Emergency Contact Name:   | Emergency Contact Phone Number:  |   |  |   |  |  |   |
| T-shirt size (circle one): Youth: S   | M L  | Adult: S  | М  | L   | XL   | XXL  |   |
| Shirts will only be available to runners who pre-register by May 5th.   |  |   |  |   |  |  |   |
| RACE INFORMATION  |  |   |  |   |  |  |   |
|   | d under)   | \$15  |  |   |  |  |   |
| Adult   | ration)  | \$20  | )  |   |  |  |   |
|   | stration)  | \$25  | 5  |   | Register   | by May 5th   |   |
| 9:00 AM- 5K Run/Walk Youth (  | d under)   | \$15  | 5  |   | to receive a   | n event shirt.   |   |
| Adult   | ration)  | \$20  | )  |   |  |  |   |
| Adult (   | stration)  | \$25  | 5  |   |  |  |   |
| Make checks payable to: Terre Haute Parks   | Department   |   |  |   |  |  |   |
| Send to: Torner Center, 500 S. Fruitridge Avenue, Terre Haute, IN 47803   |  |   |  |   |  |  |   |
| PLEASE READ AND SIGN BELOW BEFORE SUBMITTING ENTRY  |  |   |  |   |  |  |   |
| I know that running a road race is potentially hazardou medically able and properly trained, and by my signatu properly trained. I agree to abide by any decision of a any official to deny or suspend my participation for any not limited to: falls, contact with other participants, the road, all such risks being known and appreciated by me and radio headsets are not allowed in the race and I with consideration of your acceptance of entry, I for myself Recreation Department, its employees, volunteers, all sofficials and employees, from all claims or liabilities of a out of negligence or carelessness on the part of the per In addition I agree to pay a \$25 replacement fee if I do | re, I certify that race official relateration whatso effects of wears. I understand II abide by this gand anyone enterprosers, their rany kind arising assons named in | I am medically a<br>tive to any aspec<br>ever. I assume a<br>ther, including h<br>that bicycles, ska<br>guideline. Havin,<br>itled to act on m<br>epresentatives a<br>out of my partic<br>this waiver. NO | ble to part of my ll risk a gh hea ateboar gread to be hall and succession REFUN | performant | rm this icipation ated winder human aby joggaraiver and irs inclusis evention. | event, am in good<br>in this event, incl<br>th running in this e<br>nidity, traffic and th<br>gers, roller skates on<br>the knowing these for<br>release the Terre I<br>ding the City of Tei<br>, even though that | health, and am<br>uding the right of<br>vent including, but<br>ne conditions of the<br>or blades, animals,<br>facts, and in<br>Haute Parks and<br>tre Haute, its<br>liability may arise |
| Signature:  | Date:  |   |  |   |  |  |   |
| Parent or legal guardian signature if und   | ler 18 years   | of age:   | _  |   |  |  |   |