

REGISTRATION FORM

To register for the NCYC 5K Run/Walk:

1. Fill out this form completely.
2. Sign and date the waiver below.
3. Enclose a check for \$25.00.
4. Fill out a separate form for each participant.

NAME: _____ **AGE:** _____ **Circle One:** Male Female

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

E-Mail _____ **PHONE:** _____

Amount Enclosed: \$ _____

T-Shirt Size (Circle One): **Youth:** S M L **Adult:** S M L XL XXL

*T-Shirts are only guaranteed for registrations received by June 11th.

Make Checks Payable to: North Linn Catholic Cluster

Return this completed form with payment to:

North Linn Catholic Cluster
NCYC 5K
PO Box 496
Central City, IA 52214

WAIVER: In consideration of you accepting this entry, I, the participant, intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against the Event Director, North Linn Catholic Cluster, and all of their agents assisting with the event, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agree to the above waiver.

Signature (Parent's Signature If under 18)

Date