

# Crawfish Crawl



To be filled in by Staff
Bib Number _____
Age _____
Race _____
Gender _____
Paid with: Cash Check CC

## Crawfish Crawl Registration Form

Race Day: September 10th, 2016

10K & 5K 10am start | Kids K 11:30am start

**ENTRY AND RELEASE FORM: Ok, you know the drill, this entry contains limitations of your legal rights, so read it.** I know that there are hazards associated with running this race. Having read that last sentence, I am certifying that I understand these risks and I am properly trained to participate. **By running this race I, and my estate, will hold harmless anybody or organization officially associated with the race.** This includes Community United Methodist Church, the city of Washington Terrace, the Race Director and his minions and any of our sponsors. I also agree to abide by the rules of the race and acknowledge that the Race Director's word is final. If you are under 18, you can run the race, with your parent's permission.

*Please print & complete the form below for each participant.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age on race day: \_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_

Race: 10K Run \$35  5k Run \$25  Kids K \$10  Race Total: \$\_\_\_\_

T-shirt: YouthMD  YouthLG  Adult: SM  MD  LG  XL  XXL

E-mail address\*: \_\_\_\_\_@\_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent signature if under 18: \_\_\_\_\_

Who do we contact if you hurt yourself and can't tell us anything?

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Make checks payable to: **Crawfish Crawl**

Mail registration to:

Community United Methodist Church, Attn: Crawfish Crawl 2015, 163 W 4800 S, Ogden, UT 84405

\* This Email address is used to share Crawfish Crawl race details, not for spam.