

Newburgh Rivertown Trail 5K & 8K 2018 Entry Form

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone #: (_____) _____ Alt. Telephone #: (_____) _____

E-mail Address: _____

Register as (circle one): 5K Runner 5K Walker 5K Wheelchair
 Make Donation 8K Runner 8K Walker 8K Wheelchair

Checks payable to "Newburgh Rivertown Trail 5K & 8K"
5K \$25.00 before 5/5 or \$30.00 after 5/4
8K \$30.00 before 5/5 or \$35.00 after 5/4



Sex (circle one): Male Female

Date of Birth: ____/____/____ Age on May 12, 2018: _____

T-Shirt Size (circle one): S M L XL

Shirts are guaranteed to the first 250 registrations.

WAIVER

I know that running or walking a road race is a potentially hazardous activity. I should not participate unless I am medically able and properly trained. I also know that, although police protection will be provided, there will be traffic on the course route. I assume the risk of running into traffic. I also assume any and all other risks associated with running this event including but not limited to falls, contact with other participants, the effects of the weather including high heat and/or humidity, and the condition of the roads, all such risks being known and appreciated by me. Knowing these facts, and in consideration of your accepting my entry, I hereby for myself, my heirs, executors, administrators or anyone else who might claim in my behalf, covenant not to sue, and waive, release and discharge all the sponsors, Town of Newburgh, the Newburgh Parks Board, the State of Indiana, Warrick County, and Race Officials and Volunteers, any and all claims of liability for death, personal injury or property damage of any kind or nature whatsoever arising out of, or in the course of my participation in this event. This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. The undersigned waiver grants full permission to all sponsors and/or agents by them to use any photographs, videotapes, motion pictures, recordings or any other record of this event for any purposes. Applications for minors will be accepted only with parent's signature.

Participant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____
(if participant is a minor)

**** Please mail completed form with payment to ****

Newburgh Rivertown Trail 5K & 8K, 23 West Jennings St., P.O. Box 6, Newburgh, IN 47630