



Date: September 22nd, 2018

Time: Registration starts 7a.m. / Race starts 8 a.m.

Where: 201 N Broadway St, Greensburg, IN 47240 (Gather near Stage)

For more information, or to register online go to:

Check us out on Facebook:

<https://www.facebook.com/DecaturCountySpecialOlympics/>

REGISTRATION FORM

NAME: _____

DATE: _____

CITY/STATE/ZIP: _____

EMAIL: _____ PHONE: _____

AGE: _____ SEX: _____

(ADULT) Small Medium Large XL XXL XXXL

(YOUTH) Small (6-8) Medium(10-12) Large (14-16)

SIGN ME UP FOR: 5K Run 5K Walk

****Timing chips will be assigned to all participants of the 5K Run & Walk. Please be sure to turn yours in at the end of the race.**

****Those pushing strollers (Stroller Division) will give bib numbers to race coordinators before the 5K begins.**

Entry Fee: 5K Run/Walk

****** T-shirts can only be guaranteed, if registered by 9/7/18**

\$25 before 9/22/18

\$30 day on 9/22/18(day of race)

Make checks payable to "Caleb Brown Memorial 5K". Mail to PO BOX 641, Greensburg, IN 47240. If you have any questions, email Jenna Brewer at brewerjenm@gmail.com. All proceeds benefit Special Olympics of Decatur County.

WAIVER, RELEASE AND INDEMNITY AGREEMENT (Read before signing)

In consideration of acceptance of my entry, I hereby release, discharge, and agree to hold harmless the "Caleb Brown Memorial Run" 5K, Special Olympics of Decatur County, Tree City Fall Festival, City of Greensburg, Decatur County, Special Olympics Indiana, Special Olympics, Inc., any sponsors, officials or organizers of this event and each of them together with their successors, assigns, officers, agents and employees from any and all liability for injuries to property or person suffered by me as a result of my participation in this event. By execution of this waiver, I assume all risks associated with my participation in this event including, but not limited to falls, the effects of weather, traffic, road and trail conditions, and all risks associated with running or walking in an urban setting whether or not such risks are specifically known or appreciated by me. I verify that I am physically fit and have sufficiently trained for this event and that my physical condition has been verified by a licensed medical doctor. I specifically agree that it is not the duty of any of the parties listed above to check, monitor, or evaluate my physical condition for the appropriateness of my participation in this event at any time. I agree to indemnify any of the parties listed above for damages cause by me to any such party or parties and any third parties, by virtue of my participation in this event. I further agree to yield to all emergency vehicles on the course in the event they must treat another participant.

Signature (or Parent's Signature if under 18): _____ Date: _____