



BRONSON BLUEBERRY
5K- "Stomp" May 19, 2018
REGISTRATION FORM

Name: _____
 Address: _____

 E-Mail: _____
 Phone: _____
 Date of Birth: _____ Gender: _____
 Shirt Size: _____

PRINT, FILL OUT AND MAIL ENTIRE PAGE TO

Registration Fee

\$10 if received by May 3, 2018
 \$20 if received On Race Day – May 19, 2018

Make Checks Payable to:

Town of Bronson
 P.O. Box 266
 Bronson, FL 32621

WAIVER MUST BE READ, SIGNED AND MAILED WITH ENTRY

OFFICIAL WAIVER: I know that running/walking a road race is a potentially hazardous activity. I should not enter and run/walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run/walk. I assume all risks associated with participating in this event including, but not limited to falls, contact with other participants, the effects of weather, including high humidity, mud, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of acceptance of my entry, I for myself and anyone entitled to act on my behalf, waive and release the Town of Bronson, and any and all persons, sponsors and entities, their representatives and successors from all claims or liabilities of any kind arising out of my participation even though said liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission for all of the foregoing to use any photographs, recordings, or any other record of this event for any legitimate purpose. Parents must sign if participant is under 18 years of age. This is to certify that my child has permission to complete in this event, is in good physical condition and that event officials may authorize necessary emergency treatment.

ENTRY FEES ARE NON-REFUNDABLE,

I _____ have read and understand the above waiver
 Print Name

Participant Signature _____