



**School Program Participant
Registration Form**

Name: _____ Birth Date: _____ Male Female

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

T-shirt Size (adult sizes only): Small Medium Large X-Large XX-Large

Participating Race:	<u>Totals</u>
<input type="checkbox"/> Half Marathon (13.1 miles)	\$45.00 _____
<input type="checkbox"/> 5K (3.1 miles)	\$25.00 _____
Total Amount Paid	_____

Waiver/Release of Liability

I have read all information and understand the description of the event. I know that running and walking a road race can potentially hazardous activity. I should not enter 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 this event. I also know that while police protection will be provided, there may still be traffic on the course. I assume all risks associated with my voluntary participation in this event, including, but not limited to, falls, contact with other participants, effects of the weather, including extreme cold, ice, snow, heat, traffic, and all conditions of the road, all such risks to be known and appreciated by me. I agree that failure to return the Timing Tag at the conclusion of the race will result in a \$30 fee. Knowing these facts, and in consideration of your accepting my entry, I for myself, my heirs, executors administrators, or anyone else who might claim on behalf, covenant not to sue and waive, release, and discharge Geist Half Marathon Inc., the Lawrence Police Department, Lawrence Fire Department, Lawrence Department of Works, City of Lawrence, Town of Fishers, Geist Lake Marina, Marina Limited Partnership, Hamilton Southeastern Schools, Lawrence Township Schools, Hancock County, Indianapolis Metro Police Department, Indianapolis Department of Public Works, City of Indianapolis, Hamilton County Sheriff Department, The End Result Co. Inc, Vision Event Management, race officials, workers or volunteers, their representatives, successors or assigns for ANY AND ALL claims or liability, whether foreseen or unforeseen, for death, personal injury or property damage arising out of, or in the course of my participation in this event. The above release has been read by all participants and by signing the above entry form I understand and agree with all terms of the waiver statement. I have read, understood, and accept the agreement above.

Signature of Participant, Parent or Guardian (if under 18) Date