

HIGH POINT'S EASTER RUN FOR THE KIDS

Runner's Number

Last Name _____ First Name _____ Age on Race Day _____ Date of Birth MO DAY YR _____ Sex Male Female

MAILING ADDRESS: Street (include Apt. number and/or c/o) _____

Area Code Telephone Number _____

City, State _____

Zip Code _____

e-mail: _____

I know running in High Point's road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decisions of a race official relative to my ability to safely complete the run. I assume all risks associated with running in the High Point road race including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, 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 your accepting my application. I for myself and anyone entitled to act on my behalf, waive and release the Wrestling Team, their coaches, High Point Regional High School and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recording or any other record of this event for any legitimate purpose.

SIGNATURE _____

DATE _____

PARENT'S SIGNATURE
IF UNDER 18 YEARS _____