

**HIT THE ROAD WITH HOSPICE OF ACADIANA
5K RUN/ 1 MILE WALK REGISTRATION FORM**

First & Last Name: _____

Email address: _____

Date of birth: _____

Gender (circle): MALE FEMALE

Address: _____

Event you are participating in (circle): 5K Run

1- Mile Walk

T-shirt size (Circle): S M L XL

What is your estimated finishing time? _____

How did you hear about this race? _____

Waiver:

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the Event Director, Hit The Road With Hospice of Acadiana 5K Memorial Run/1 Mile Walk event, Cajun Timing, RunSignup.com, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typical found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition.

Signature

Date