

Astoria PTO color run

Entry form

Name_____

Street address_____

Phone number_____

Age as of May 6, 2017_____

Sex: M F

Circle shirt size: YS YM YL S M L XL

Participating event: Color Run Color walk

Mail/Bring entry form to: Astoria PTO

402 N. Jefferson St.

Astoria, IL. 61501

Release of Liability

I know that running/walking in a road race is a potentially hazardous activity. I represent that I am medically able and properly trained to participate in this event. I assume all risks associated with this event including, but not limited to, heat exhaustion, falls, and contact with other participants, effects of weather, dangerous traffic conditions, etc., all such risks being known and recognized by me. I hereby agree, for myself and my heirs, assigns, personal representative, executors and administrators, to waive, release and forever discharge the Astoria PTO and its respective directors, officers and employees, volunteers, and any and all sponsors, suppliers and any other personnel assisting or connected with this event, any rights, claims, or demands therefor which I may have or which I may hereafter accrue to me arising out of injury to my person or my property incurred in connection with participating in the Astoria PTO color run taking place May 6, 2017.

Signature_____ Date_____

Parent signature(if under 18 yrs
old)_____ Date_____