

2017 Albany Miss Flame Kiddie Fun Run

ENRTY FORM

DATE: SATURDAY AUGUST 5th 2017

TIME: 10:00 A.M. FOLLOWING THE 5K WALK/RUN.

PLACE: IN FRONT OF THE ALBANY FIRESTATION 409 S. CHRUCH ST.

COST: \$15.00 WITH T-SHIRT. REGISTRATION PRIOR TO RACE START AT PARK

AGE BRACKETS: PLEASE CIRCLE: 5 AND UNDER, 6-7, OR 8-9 YEARS OLD

AWARDS: 1ST, 2ND 3RD PLACE FOR EACH AGE BRACKET

MAIL FORM AND FEE TO:

Sherrie Grant

503 11th Ave. South ALBANY IL, 61230

Note: Make checks Payable to

NAME: _____

AGE: _____

YOUTH SHIRT SIZE (CIRCLE ONE): (S) (M) (L)

WAIVER AND RELEASE OF ALL CLAIMS (Read before signing)

I have completed all parts of this form and have submitted my registration fee. I have read the accompanying event information and understand the policies of this event. I understand that I should not enter unless I am medically able. I assume all risks associated with my voluntary participation in this event, including but not limited to, falls, contact with other participants, the effects of the weather, including extreme temperatures, traffic and all conditions on the road, and any and all other circumstances and risks of any kind or nature whatsoever, known or unknown, all such risks being known and appreciated by me. I recognize and acknowledged all such risks and possible injuries. Knowing these facts, and in consideration of your accepting my entry, I for myself or anyone else who might claim on my behalf, covenant not to sue and waive and release Albany Miss Flame officials, race officials, volunteers, all sponsors, Albany EMS and Fire Department, the Village of Albany and all its officers, employees and agents, from all claims and liabilities of any kind and nature whatsoever arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purposes

SIGNATURE OF PARENT: _____

DATE: _____

PAID: _____