Millennium Running

RACE DAY ENTRY FORM

Event: 5K ☐ 13.1(Individual) ☐ 16.2 ☐

OFFICIAL RACE USE ONLY

BIB #: _____

FIRST NAME:

LAST NAME:

AGE (ON RACE DAY): **DATE OF BIRTH:** ☐☐ — ☐☐ — ☐☐☐☐

GENDER: ☐ **MALE** ☐ **FEMALE** **Email:**_____

CLUB or TEAM:

ADDRESS:

CITY or TOWN:

STATE: ☐☐ **ZIP CODE:** ☐☐☐☐☐

EMERGENCY CONTACT FIRST NAME:

EMERGENCY CONTACT LAST NAME:

EMERGENCY CONTACT PHONE NUMBER: ☐☐☐ — ☐☐☐ — ☐☐☐☐

I hereby signify that I understand that this event, Millennium Running LLC, the City ,Town, or municipalities where the event occurs, event sponsors, the area where I run or walk and all other organizations and persons connected with this event are not to be held responsible for any injuries which I may suffer while taking part in this event or as a result thereof. In this connection, I hereby waive any claim for damages to my person or property. I further state that I am in proper physical condition to participate in this event. I grant permission for the organizer to use any photograph of any other record of this event for any legitimate purpose.

Participant's Signature: _____Date_____

If under 18, parent or guardian's signature: _____Date_____