

Brown County Board of
Developmental Disabilities
325 West State Street, Building A, Suite 2
Georgetown, Ohio 45121
(937) 378-4891



MARCH 25, 2017
5K DEVELOPMENTAL DISABILITIES AWARENESS WALK-RUN
REGISTRATION, WAIVER AND RELEASE FORM

Participant Information:

Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip _____

Event Location at the Brown County Fairgrounds in Georgetown OH. Registration starts at 8:00 AM with the Walk-Run starting at 9:00 AM. Light refreshments will be provided following this event.

Waiver: I know that running or walking in a 5K is a potentially hazardous activity. I assume all risks associated with running or walking in this event for me and those children under age of 18 whom I am registering for this event. Having read this waiver and knowing these facts and in consideration of your accepting my entry fee, I, for myself, and anyone entitled to act on my behalf, waive and release Brown County Board of Developmental Disabilities, and any other entities involved in this event, as well as all sponsors, their representatives and successors, for all claims or liabilities of any kind arising out of my participation or the participation of anyone for whom I am registering on this form for this event.

COST \$20 PER PARTICIPANT (drop off or mail registration to the above address)

Pre-registration by March 10th guarantees participant a t-shirt. Size _____

Signature of Participant _____ Date _____

(Signature of Guardian if under Age 18)

