

MAIL IN REGISTRATION FORM

(Must be received by September 4, 2017)

CHEROKEE TRAIL RUN

10K & 5K Run/Walk

Saturday, September 8th at 9:00am



Name: _____

Age: _____ Date of Birth: _____

Gender (circle): MALE FEMALE

Event: _____ 5K (\$20) *Make checks payable to:*
_____ 10K (\$25) *Trail Runners, LLC; Cost increases*
_____ Kid's Run (free) *to \$25 and \$30 after Aug. 12th*

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

All proceeds from this event will be donated to the Cherokee Trail Committee for their use in preserving, improving and expanding Cherokee's trail system.

Waiver and Release

I know that running a road race is potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever.

I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, bridges, or trail, all such risks being known and appreciated by me.

Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Trail Runners, LLC, the race directors, Cherokee County, the city of Cherokee, all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Your signature will signify your understanding, acceptance, and authorization to accept the conditions of this legal document, including the following statements:

- I have read, have understood, and do accept the agreement above.
- I understand that this is a legal document with effects that I approve and authorize.
- The registrant is the person(s) whose name is submitted as the recipient of the goods and services provided as a result of this transaction.
- I am authorized to agree to the terms of this document on behalf of the registrant.
- If the registrant is under 18 years of age, incapacitated, or mentally challenged, I assert that I am the parent/legal guardian or otherwise authorized to execute a legally binding agreement on behalf of the registrant.

Signature

Date

Mail Registration to: Jason Cook, P.O. Box 209, Cherokee, Iowa 51012