

Zombie 5K: Run for your life!!

Fun Run/Walk to benefit CHS Project Prom 2017

Name(Please print): _____

Address: _____

Phone: _____ email: _____

Emergency Contact: _____ Phone: _____

I will participate in: 5K Run _____ 5K Walk _____

T-Shirt Size: Youth: S _____ M _____ L _____

Adult: S _____ M _____ L _____ XL _____ XXL _____

**Shirts are guaranteed to all pre-registered participants. Those registering on-site may pick up t-shirts the following week at CHS High School or Game Day Trophy.

_____ **Pre-registration \$20.00 (deadline with payment is October 20th, 2016)**

_____ **On-site registration \$25.00**

_____ **Monetary Donation \$ _____**

**Checks payable to "CHS Project Prom". Please drop off payment and registration form to CHS High School or Physical Therapy of Concordia. Forms may also be mailed to Elisa Oetting, 28642 Concordia Lake Rd. Concordia, MO 64020.

This release and waiver is executed on the below signed date. Knowingly, and at my own risk I am participating in the Zombie 5K. I do hereby waive/release any and all claims against the group, volunteer, or officials of these organizations from any claim of injury (including death) that I may incur as a result of my participation. I further hereby certify that I have full knowledge of the risks involved in this event, and am physically fit and sufficiently trained to participate. If, however, as a result of my participation in the Zombie 5K, I require medical attention, I hereby give consent to authorize medical personnel to provide such medical care as deemed necessary.

Signature of participant: _____ **Date:** _____

Signature of parent/guardian: _____ **Date:** _____
(Required if participant is under 18 years of age)