



OFFICIAL ENTRY FORM
VICTORY'S GLOWING FOR A CURE 5K WALK/RUN
October 21, 2017

NAME: _____

ADDRESS: _____

PHONE #: _____

MALE: _____ **FEMALE:** _____

AGE: _____

T-SHIRT SIZE (CIRCLE ONE): S M L XL XXL

AMOUNT PAID \$ _____ **(please make checks payable to Victory Fitness)**

I know that running and/or volunteering in a running event are potentially hazardous activities and I should not enter unless I am medically able and properly prepared and/or trained. I certify that I am in good health and that I am prepared to compete in this event. I assume all risks associated with running outdoors in this event, including local weather, contact with other participants, the conditions of the road or running surfaces, and traffic on the course. In consideration of my being admitted to participate in the Relay For Life 5k Run/Walk, for myself, my heirs and assigns, executors, and administrators, do hereby release and discharge Relay For Life Org, Victory 24 Hr Fitness LLC, City of Jena, State of Louisiana, Sponsors, Volunteers, their employees and their agents, of and from any and all claims of demands for damages of liability in any manner arising out of my participation in said event. I agree to follow all rules and to permit myself to be removed from competition if, in the opinion of the race administrators, my competing would endanger my health or the health of others. I grant permission to all of the foregoing to use any photographs, recordings or any other record of this event for legitimate purposes.

SIGNATURE OF ENTRANT: _____

DATE: _____

SIGNATURE OF PARENT/GUARDIAN: _____

(REQUIRED IF RUNNER IS UNDER AGE 18)

MAIL PAYMENT AND REGISTRATION TO: VICTORY FITNESS
1739 SOUTH FOURTH ST
JENA, LA 71342