



Registration Starts at 9:00 a.m.

Race Starts at 10:00 a.m.

(Please print clearly)

Name: _____

Age as of 3-24-12: _____

Gender: M F

Address: _____

City: _____ State: _____ ZIP: _____

E-mail: _____

Entry Fee: \$10.00 _____ cash _____ check

William Woods University Student Rate: \$2.00 _____ cash _____ check

Kids 12 and under are free!

**Please return registration to:
William Woods University
c/o Debbie Schick/5k
One University Avenue
Fulton, MO 65251
dschick@williamwoods.edu**

Please make checks payable to William Woods University



Liability Waiver

I understand that running, jogging, or walking a road race is a potentially hazardous activity and that I should not enter and run/jog/walk unless I am medically able and properly trained. I assume all risks associated with participating in the event including, but not limited to, falls, contact with other participants, the effects of weather, traffic and road conditions, all such risks being known and appreciated by me. I agree to abide by any decision of race officials relative to my ability to safely complete the run/jog/walk.

Having read this waiver and knowing these factors, and in consideration of your accepting my entry, I for myself and anyone entitled to act on my behalf waive, release and indemnify William Woods University and all of its agents, officers, directors and employees, and any other person or organizer associated with this event and their representatives from all claims or liabilities of any kind arising out of my participation in this event though liability may arise out of negligence or carelessness on the part of the persons named in this waiver. Every entry must be signed by the runner/jogger/walker, or parent or guardian if the participant is under 18 years of age.

Date: _____

Signature of Participant:

Signature of Parent/Guardian (if Participant is under 18 years of age):
