

REGISTRATION FORM THE BONEHEAD 5K / 10K



Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Email: _____

Age: _____ Sex: _____

I'm on team: _____ and we're gonna win that trophy!!

I am a: 5K walker 5K runner 10K runner T-Shirt Size (Adult only): S M L XL

Mail-in registrations: make check payable to Rolla Multisport Club; send to PO Box 78, Rolla, MO 65402

Release and waiver (Please Read and sign)

I acknowledge by submitting this form that the Bonehead races will take place regardless of weather and that there will be no refunds. I know that running is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I also know that, although police protection might be provided, there could be traffic on the course route; therefore, I assume the risk of running in traffic. I also assume any other risks associated with running this event including, but not limited to, falls, contact with other participants, and the effects of weather and conditions of the road. I understand I am solely responsible for my own safety while traveling to and from or participating in this event. Knowing these facts and in consideration of your acceptance of my entry, I hereby for myself, my heirs, executors, administrators, or anyone else who might sue on my behalf covenant not to sue, and waive, release, and discharge the sponsors or contributors to this event, any race officials, volunteers, the city and police agencies, their representatives successors or assignees from any and all claims of liability for death, personal injury, or property damage of any kind or nature whatsoever arising out of, or in the course of my participation. The release form and waiver extends to all claims of every kind or nature whatsoever, foreseen and unforeseen, known and unknown. The undersigned further grants full permission to use any photographs, videotapes, motion pictures, recordings, or another record of the event for any purpose. Minors will be accepted with a parent's signature.

Signature

Date

Questions? Call Kate McDonald, 405-821-5254