



First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Phone Number: _____

I am a Runner: _____ I am a Walker: _____

Age _____

Shirt Size: (circle one) Small Medium Large X-Large XX Large (add \$2.50 entry fee)

5K: \$38

SEND CHECK AND MAIL: ULTRAFIT, PO BOX 629, HILLIARD, OHIO 43026

Race Waiver

RACE WAIVER: (Please read carefully) I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision a race official relative to my ability to safely complete the run. 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 cold, snow and/or ice, high heat and/or humidity, traffic and the conditions of the road, 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 ULTRAFIT-USA, its directors, officers, and staff, the City of Dublin, its employees, and all sponsors including 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 any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. I understand that headsets of any kind, dogs on leashes, in-line skates, bicycles and vehicles to transport children are prohibited and that violation of this prohibition will result in disqualification.

Participant signature _____ Date: _____

Signature of parent/guardian if participant(s) are under the age of 18 (sign below)
