



LAST NAME

FIRST NAME

SEX

AGE

D.O.B.

STREET ADDRESS

CITY

STATE

ZIP

EVENT:

5K RUN

2 MILE RUN

2 MILE WALK

PHONE NUMBER

SHIRT SIZE:

S

M

L

XL

2X



RELEASE: RUNNING/WALKING A ROAD RACE REQUIRES MENTAL AND PHYSICAL PREPARATION. I AGREE THAT I SHOULD NOT RUN UNLESS I AM PROPERLY TRAINED. I AGREE TO WAIVE BY THE DECISION OF A RACE OFFICIAL RELATIVE TO MY ABILITY TO SAFELY COMPLETE THE RACE. I ASSUME ALL HAZARDS ASSOCIATED WITH RUNNING THIS EVENT, INCLUDING FALLS, CONTACT WITH OTHER RUNNERS, THE EFFECTS OF THE WEATHER INCLUDING HIGH HEAT AND HUMIDITY, TRAFFIC AND THE CONDITIONS OF THE ROAD, ALL SUCH RISKS KNOWN AND APPRECIATED. HAVING READ THIS WAIVER AND UNDERSTANDING THESE FACTS, AND IN CONSIDERATION OF YOUR ACCEPTING MY ENTRY, I, FOR MYSELF AND ANYONE ENTITLED TO ACT ON MY BEHALF, WAIVE AND RELEASE THE SAGEBRUSH STOMPERS/TAHOE MTN MILERS, ROAD RUNNERS CLUB OF AMERICA, AND OTHER SPONSORS, ORGANIZERS AND SUCCESSORS FROM ALL CLAIMS OR LIABILITIES OF ANY KIND ARISING OUT OF MY PARTICIPATION IN THE EVENT.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

(PARENT OR GUARDIAN'S SIGNATURE ALSO REQUIRED IF 17 YEARS OF AGE OR YOUNGER.)