

**"Walk, Run, or Crawl" entry form**      Run \_\_\_ Walk \_\_\_ (check)

**Name (Last/First)** \_\_\_\_\_ **M** \_\_\_ **F** \_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Day Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

Waiver: I know that participating in a 5 mile race is potentially dangerous. I will not enter and run/walk unless I am medically able and properly trained. I assume all risks associated with doing this event. Included but not limited to: falls, contact with other entrants, effects of weather, traffic and road or trail conditions, all such risks being known and appreciated by me. Having read this waiver and understanding it, I agree not to hold Carroll County (its elected officials, employees, agents, and assigns), City of Glidden, event sponsors, organizers, and volunteers associated with the event from all claims or liabilities of any kind arising from my participation. I give permission for the free use of my name and picture in any promotion, broadcast, or print media account of this event.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**(Signature of parent/guardian required if participant is under 18)**

**Adult Shirt Size (circle one)**

**S M L XL XXL**

**Registration by 7/22/08: \$20**

**After 7/22/08: \$25**

**Make checks payable to:**

**FFA Alumni**

**Mail form & check to:**

**Walk, Run, or Crawl**

**c/o Donna Kinnick**

**PO Box 608**

**Glidden, IA 51443**