

Spring 5K Presented By The Ohio State University GSNS & The Columbus Dietetics Association

FILL OUT ALL FIELDS THANK YOU!
EACH PARTICIPANT MUST HAVE THEIR OWN FORM

Individual

- \$15 through April 16
- \$20 on race day

Age: _____

Gender (Please Circle): Male or Female

Shirt Size: S M L XL XX

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Email (Optional): _____ **Join Email List? Yes or No**

Waiver: waiver:

In consideration of being permitted to participate in any way in the activity ("Activity") I, for myself for personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. FULLY UNDERSTAND THAT: THESE ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE SECOND SOLE RACING LLC AND ANY OTHER EVENT SPONSORS; (c) there may be OTHER RISK AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.

Signature: _____

(Parent/Guardian if participant under 18 years of age)

Date

1. Complete all fields
2. For groups of 3 or more, include a form for each person
2. Attach payment(s). Checks Payable to Second Sole Racing
3. Mail to:
Second Sole Racing
ATTN: Spring 5K
315 Stoneridge Ln.
Gahanna, OH 43230