



Supporting Warrick Trails

Run Victoria 5K
May 28th, 2016 at 8am
Victoria National Golf Course

bib number

Entry Form

5K Run (\$20)

5K Walk (\$20)

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

Emergency Contact _____ Phone _____

Female Male Birthdate ___ / ___ / ___ Age ___

T-Shirt Size: S M L XL

Would you like to make an additional donation to Warrick Trails?
If so, please specify your donation: _____

IMPORTANT
You must read and sign the waiver on the next page and return it with your entry form and check.

Mail your check, waiver and registration form to:
Warrick Wellness Pathways, Inc.
P. O. Box 906
Newburgh, IN 47629-0906
Full Race Details at RunVictoria.org
Email: admin@warrickwellnesspathways.org

ALL PARTICIPANTS MUST AGREE TO RACE EVENT WAIVER.

I know that running or walking a road race is a potentially hazardous activity. I should not participate unless I am medically able and properly trained. I also know that, although police protection will be provided, there will be traffic on the course route. I assume the risk of running into traffic.

I also assume any and all other risks associated with running in this event including but not limited to falls, contact with other participants and effects of the weather and the condition of the roads, all such risks being known and appreciated by me knowing these facts, and in consideration of your accepting my entry, I hereby for myself, my heirs, executors, administrator or any one who might claim in my behalf, covenant not to sue, and waiver release and discharge all sponsors, the State of Indiana, Warrick County, Warrick Wellness Pathways Inc., Warrick Trails, Victoria National Golf Course, Victoria Operations, LLC, and race official and volunteers, 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 in this event.

This release and waiver extends to all claims of every kind or nature whatsoever, for reasons foreseen or unforeseen known to unknown.

The undersigned waiver grants full permissions to all sponsors and/or agents by them to use my photographs, videotapes, motion pictures, recordings or any other record of this event for any purpose.

Application for minors will be accepted only with parent's signature/approval. This event will be held rain or shine. T-shirts and packets are not available after event day unless specifically noted.

All runners and walkers are to stay on the 8 foot wide cart paths and follow all directional signage in respect to the course facility.

Signature of Participant

Date

Signature of Parent/Guardian of Minor Participant

Date

Please make checks payable to: "Warrick Wellness Pathways, Inc."

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Newburgh, IN 47629-0906

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