

Holiday Hustle 5K Registration Form

*Register by 11/1/2023 to guarantee a shirt.
\$25 Due For Entry; \$35 Race Day Entry
Checks payable to **South Ripley Music Department**
Can be delivered to the South Ripley High School
offices or mailed to:
1589 S Benham Rd, Versailles, IN 47042*



First name: _____

Last name: _____

Age on race day: _____ Gender: Male Female

Email: _____ Phone: _____

Street address: _____

City: _____ State: _____ Zip: _____

Choose a race to enter:

5K Run 5K Walk

T-shirt size:

S M L XL XXL (+\$2)

Waiver

WAIVER: I know that running [volunteering for] a road race is potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my

participation for any reason whatsoever. 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 high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, roller skates or roller blades, and animals are not allowed in the race and I will abide by this guideline. Having read this waiver and knowing these facts and in consideration of your accepting of my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Whiskey City 5K Spirit Run/Walk, Whiskey City Festival, all sponsors and Lawrenceburg Lions Club; including any associated parent companies, subsidiaries and affiliates, and their respective employees, officers, members, partners, directors, 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 my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

By checking this box, I agree to the waiver above

Signature (parent/guardian if under 18): _____ Date: MM / DD / YYYY