

**5K RUN FOR THE BOOKS
REGISTRATION FORM****Saturday May 19, 2018 Rain or Shine**
Meet at Haralson County Historic Courthouse

FIRST NAME (PLEASE PRINT) _____ LAST NAME _____

ADDRESS _____
CITY STATE ZIP PHONE # EMAIL
MALE FEMALE
CIRCLE GENDER**5 K RUN Pre-Registration thru May 1st \$15 _____****5 K RUN Late Registration May 2nd thru 19th \$ 20 _____****5 K Sign In Begins at 7:30am RACE BEGINS AT 8:30am****SQUARE WALK \$ 15 _____ SIGN IN 10:30AM WALK AT 11:00AM****5K TROPHY LEVELS CIRCLE AGE 0-12 13-25 26-45 46 & OVER****T-SHIRT SIZE S _____ M _____ L _____ XL _____ XXL _____****SHIRTS ARE PROVIDED TO ALL PRE-REGISTRERED PARTICIPANTS. WE DO NOT GUARANTEE A SHIRT
OR THE CORRECT SIZE FOR LATE REGISTRATION. THANK YOU FOR UNDERSTANDING.****MAKE CHECKS PAYABLE TO FOTL - 5K****BRING FORMS TO BUCHANAN-HARALSON PUBLIC LIBRARY****OR MAIL TO RUN FOR THE BOOKS 5K P O BOX 338 BUCHANAN, GA 30113****WAIVER AND RELEASE STATEMENT****ALL PARTICIPANTS MUST SIGN**

I have read this waiver and release and understand it fully. I know that running and walking in a race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I assume all risks associated with my voluntary participation in this event, including but not limited to falls, contact with other participants, the effects of the weather, extreme temperature, traffic and conditions of the road, all such risks being known and appreciated by me. Knowing these facts, and in consideration of your accepting my entry, I for myself, my guardian/parent, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue and waive, release and discharge: Friends of the Buchanan-Haralson Public Library, Buchanan-Haralson Public Library, West Georgia Regional Library, Boy Scouts of America, Haralson County Historical Society, the City of Buchanan, all sponsors, race officials, volunteers and workers, their representatives, successors, or assigns for any and all claims or liability, whether foreseen or unforeseen, for death, personal injury, or property damage arising out of, or in the course of my participation in this event. I further grant full permission to the above mentioned sponsors, organizers, and/or agents authorized by them to use any photographs, videotapes, motion pictures, recordings or other record of the event for any reasonable purpose.

**Signature of Participant (or signature of parent of legal guardian if
Participant is age 17 or under)**_____
Date