



FOURTH ANNUAL EVENT!

Please print out this form, fill out appropriate info and sign waiver/release form. Send form along with \$25 registration fee (check or money order made out to Ore City ISD) to:

CRUSH CANCER 5K
Rita Clawson
100 Rebel Road
Ore City, TX 75683

This form along with payment **must be received by May 10th, 2017** in order to receive event t-shirt.

You may also deliver form to ORE CITY HIGH SCHOOL OFFICE or any member of the OCHS Student Council by the end of the above stated deadline.

NAME: _____

ADDRESS: _____

PHONE: _____

SHIRT SIZE: _____

5k Run and Walk, Waiver & Release Form

I, _____(print name), acknowledge that my participation in the CRUSH CANCER 5k Run and Walk involves a risk of injury, including bodily injury, and assume the risk for same. On my own behalf and on behalf of my heirs and legal representatives and to the fullest extent permitted by law, I hereby release and discharge Ore City ISD and their respective directors, officers, employees, affiliates, members, agents and representatives, of and from any and all liability for injury, death, or damages and/or any other claims, demands, losses or damages, incurred by me in connection with any aspect of the CRUSH CANCER 5k run and walk. If I am an employee of Ore City ISD, I acknowledge that my participation in the 5K Fun Run and Walk is completely voluntary and does not constitute part of my work-related duties. I understand that my decision to participate, or not participate, in this activity will not affect my job status.

Signature: _____ Date: _____

Signature of Parent: _____ Date: _____