

Mercer PA Creepy Crawly 5K Registration Form



Saturday, October 26, 2013 † 8:30 am
Mercer Atlanta Campus

Benefits Good Samaritan Clinic of Gwinnett



Sponsored by:



U.S. AIR FORCE

First Name:	Last Name:	Gender: M F Other
Date of Birth:	Email address:	Day phone:
Mailing Address:		
City:	State:	Zip code:
Emergency Contact Name:	Emergency Phone:	
T-shirt size: S M L XL	How did you hear about us?:	

RELEASE OF LIABILITY

I know that running/walking in a trail race is a potentially hazardous activity. I represent that I am medically able and properly trained to participate in this event. I assume all risks associated with this event including, but not limited to, heat exhaustion, falls, contact with other participants, effects of weather, dangerous traffic conditions, etc., all such risks being known and recognized by me. I hereby agree, for myself and my heirs, assigns personal representative, executors and administrators, to waive, release, and forever discharge the Mercer University and Mercer University Physician Assistant Program and its respective directors, officers and employees, volunteers, and any sponsors, suppliers and any personnel assisting or connected with this even, any rights, claims, or demands therefore which I any have or which I may hereafter accrue to me arising out of injury to my person or my property incurred in connection with participation in the Mercer PA Creepy Crawly 5K held on October 26, 2013.

Signature:

Date:

Parent's Signature (if under 18 years of age)

Date: