

September 9, 2017
Saturday @8PM



Hunger Heroes Run Against Hunger **5K Run/Walk**

Franklin Community
High School

Name _____ Age _____ Sex _____
Address _____ City _____ State _____
Email _____

Shirt Size

- | | |
|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Youth Large | <input type="checkbox"/> Large |
| <input type="checkbox"/> Small | <input type="checkbox"/> X-Large |
| <input type="checkbox"/> Medium | <input type="checkbox"/> XX-Large |

Race

- | | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | \$20—5K Run/Walk (\$25 after Aug. 26) |
| <input type="checkbox"/> | \$10—Youth 5K (\$12 after Aug 26) |

Packet Pickup/ Registration—Sept 9,
6:30PM -8PM
@Franklin Comm.
High School)

Please make checks payable to:
Hunger Heroes
Mail to:
1125 MacLaren Court
Franklin, IN 46131

Races begin at **8PM @ Franklin
Comm. High School.**

I have read the accompanying event information and understand the policies of the event. I know that running and walking a road race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run or walk. I also know that while police protection will be provided, there may be traffic on the course. 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, including extreme temperatures, traffic and all 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 heirs, WAIVE, RELEASE AND DISCHARGE City of Franklin, Hunger Heroes, Franklin Community School Corporation, all sponsors, race officials, workers or volunteers and their executors, administrators or anyone else who might claim on my behalf, covenant not to sue 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 sponsor(s), 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 parent or guardian: _____

Date: _____