

# 2018 Columbus Mother's Day 5K Run/Walk Entry Form

Mother's Day 5K Event Date is Mother's Day, Sunday, May 13, 2018. Event Start Time is 8:00am

(On-line Registration is also available for the 5k Run/Walk at columbusmothersdayrun.com.)

Entrant: First Name \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

E Mail Address: \_\_\_\_\_ Best Phone Contact #: \_\_\_\_\_

Gender (circle Female):    Male    Female                      Date of Birth: \_\_\_\_\_    Age: \_\_\_\_\_

## **Unisex Short Sleeve Shirt**

Youth Sizes (circle one):            S        M        L

Or Adult Sizes Unisex Cut (circle one):        S        M        L        XL            2XL+\$2.00        3XL +\$2.00

\$30 entry fee through March 4<sup>th</sup>; after March 4<sup>th</sup>: \$32; after April 21st: \$35. There is an automatic \$5.00 discount for 13 and under; and 60 and older entries. \$70 yrs and older receive \$10 discount. Additionally, there is a group sign up (4 or more same time sign up) discount of \$5.00 per runner/walker.

Full information on charities benefitting from this race can be found on columbusmothersdayrun.com website.

Mail In Entry: Please make check payable to (and mail to) Phoenix Events, 5826 Birch Bark Court, Grove City, Ohio, 43123.

## **Waiver Section:**

Waiver Area (needs filled out and signature)

By participating in this Event, I do so at my own risk. I assume all risk of injury, illness, damage or loss to me or my property or my children, which might result, including without limitation, any loss or theft of personal property. I consent to medical treatment in the event of injury, accident and/or illness during the Event. I agree on behalf of myself (and my personal representatives, heirs, executors, administrators, agents and assigns) to release and discharge the organizers of this event, its principals, its officers & directors, its employees, all sponsors and their representatives and employees from any and all claims or causes of action (known or unknown) arising out of their negligence. I acknowledge that I have carefully read this Waiver and Release and fully understand that it is a release of liability. By my signature below, I am waiving any right that I may have to bring legal action to assert a claim against any and all Event sponsors for their negligence. I hereby grant full permission to any and all of the foregoing to use my name and likeness in any broadcast, telecast, video or print media reporting or advertising of the Event without compensation.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature if entrant is 17 or under: \_\_\_\_\_

\$Amt. Enclosed \_\_\_\_\_ Please make 5K run/walk entry check payable to Phoenix Events and mail to 5826 Birch Bark Court, Grove City, Ohio, 43123. Questions? Email: columbusmothersdayrun@gmail.com