



Return this form with check to:

**Davie Community Foundation, PO Box 546 Mocksville, NC 27028**

Entry fee: \$20.00 (\$30.00 beginning February 1)

**Please make checks payable to:**

Davie Community Foundation

**THANK YOU FOR UNDERSTANDING THAT THERE ARE NO REFUNDS**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Age on Race Day \_\_\_\_\_ Sex(M/F) \_\_\_\_\_

T-Shirt size(S-XXL) \_\_\_\_\_

E-mail address \_\_\_\_\_

Telephone \_\_\_\_\_

Circle one: **Popsicle 5k Run Zero K**

(receive a t-shirt and coffee that morning)

WAIVER: By signing this waiver below, I acknowledge that I know that running or walking in a road race is a potentially hazardous activity. I acknowledge that I should not run or walk unless I am medically able and properly trained. I agree to abide by any decision of a race official regarding my ability to safely complete this run/walk. I assume all risks associated with running or walking this race, including, but not limited to falls, contact with other participants, the effects of the weather, including rain, severe cold, traffic, and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of my entry acceptance, I for myself and anyone for whom I am entitled to act, including but not limited to any and all of my heirs, successors, and assigns, hereby waive, release, and will hold harmless the Davie Community Foundation and the SURF Board Youth Grantmakers, all sponsors, and all of the agents, employees, officers, directors, and volunteers working for those entities from all claims and liabilities of any kind arising out of or related to my participation in this race. I am aware that photos may be taken of me or anyone for whom I am entitled to act, and I understand that these photos will be used solely for event purposes and will not be distributed. I understand that headphones, roller skates, and dogs are not allowed in this run/walk.

APPLICANT NAME (Please print)

\_\_\_\_\_

APPLICANT SIGNATURE

\_\_\_\_\_

Date \_\_\_\_\_

PARENT SIGNATURE IF UNDER 18

\_\_\_\_\_

Date \_\_\_\_\_



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