

REGISTRATION 9th Annual 5K Run/1 Mile Walk/ Kids Sprint
 September 9, 2017 Community Outreach Event for Key Human Services, Inc.



Each participant must complete a form.

Event Options

Event	# of Entries	Early & on-line Registration thru Friday, 9/1/17	In-Office & On-site Registration: in-office: 9-5 thru 9-8(check only) on-site: 9/9	DONATION <i>I would like to contribute</i> \$
<input type="checkbox"/> 5K Run		\$30 each runner	\$35 each runner	
<input type="checkbox"/> 1 Mile Walk		\$10 each walker	\$15 each walker	
<input type="checkbox"/> Kids* Sprint		\$ 7 each sprinter	\$10 each sprinter	
<input type="checkbox"/> 5K TEAM--4 to7 ppl		\$20 per member	\$25 per member	
<input type="checkbox"/> 1-Mile TEAM--4 to 7 ppl		\$7 per member	\$10 per member	
<i>Totals</i>		\$	\$	

TEAM NAME:

Participant Information:

Payment Method:

Name _____

Address _____

Address cont. _____

City _____

State/Zip _____

Contact #s _____

E-mail _____

E-mail cont. _____

Gender: Female Male

T-Shirt Size: S M L XL XXL

Cash

Check (pay to Key Human Services, Inc.)

Credit Card:

AMEX DISCOVER MC VISA

Card#: _____

Expiration Date: _____ 20 _____

SIGNATURE (initial electronically)

Online Registration, Confirmation # _____

TEAM or FAMILY member paid for by:
Name: _____

FIRST NAME:

All Participants must sign and date the following Waiver of Liability, Assumption of Risk, and Releases:

- In consideration of the acceptance of my entry, I, for myself, my heirs, executors and assigns, waive, release and discharge any and all rights and claims for damages against the race organizers, volunteers, officials, The Metropolitan District's facilities, and Key Human Services, Inc. and its representatives arising from or in any way related to my participation in this race and hold such parties free and harmless from any liability whatsoever. I attest and verify that I have full knowledge of the risks involved in this race, and I assume these risks, and that I am physically fit and sufficiently trained to participate in this race.
- I hereby grant Keystone Human Services, Inc. and all subsidiaries and affiliates thereof (including Key Human Services, Inc.) the absolute right and permission to use, reproduce and distribute photographic or videotaped likenesses of me at this event in which I may be included, in whole or in part, used with or without my name, made and reproduced through any media, for art, advertising, or any other lawful purposes whatever. I agree that Key Human Services, Inc. shall hold the copyright to all such images, regardless of form. I hereby waive any right that I may have to inspect and or approve the finished product or the accompanying copy, whether in print or in audio, that may be used in connection there within. I further waive any right to control the use to which it may be applied. If applicable, I also relinquish the right for any and all residual monetary claims for the commercial advertising use of my likeness in whole or in part.

LAST NAME:

SIGNATURE: _____ **Date:** _____ 2017
 (initial electronically)

