



Registration Form

First 200 to register before November 13th! will receive a t-shirt

Participants Name _____ Birth date: ___ / ___ / ___

E-mail _____

Address _____

Phone # _____ Gender M/F

Race Entering: 1mile 5k Half Marathon

Shirt Size: YS YM YL AS AM AL AXL

Amount Enclosed: _____



All checks made to Ozark Mountain Family YMCA.

I understand and am aware that I will be participating in physical activities and that the potential for accidents does exist. In consideration for being allowed to participate in the race, I agree to assume the risk of such exercise and further agree to defend and hold harmless the Ozark Mountain Family YMCA and its staff members, from all venues and program sponsors from any claims, suits, losses, or related causes of damages, including, but limited to, such claims that my result from injury or death, accidental or otherwise, during, or arising in any way from the race. I also understand that the Ozark Mountain Family YMCA my use, for publicity and/or promotional purposes, My name or pictures of myself, without obligation or liability to me or my family.

Participant: _____ Date: _____

Parent/ guardian if under 18: _____ Date: _____