

City of Walton
5K RUN PARTICIPATION FORM

Event Name: _____
Date: _____ Location: _____

Participant Details

Full Name: _____
Date of Birth / Age: _____
Email: _____
Phone: _____

Emergency Contact

Name: _____
Phone: _____

Medical Information

Any medical conditions or allergies?
 No
 Yes (please specify): _____

Suggest to replace:

Waiver & Consent

I confirm that I am physically fit to participate and do so at my own risk. I release the event organizers from any liability related to participation.

I agree to the waiver

with:

Waiver and Release

I agree to the attached *Waiver and Release*

Participant Signature: _____ Date: _____

(If under 18)

Parent/Guardian Name & Signature: _____