

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): _____

Waiver and Release

I agree to the attached *Waiver and Release*

Participant Signature: _____ Date: _____

(If under 18)

Parent/Guardian Name & Signature: _____