



Founding Fathers 5K Event Registration

Full Name: Last _____ First _____ MI _____

Address: Street _____

City _____ State _____ Zip _____

Phone _____ Age (on race day) _____ Gender _____ M _____ F

Email _____

Emergency Contact Name _____

Emergency Contact Phone _____

Waver and release Founding Fathers 5K:

I hereby certify the following: **(1)** I am physically fit and have received medical clearance to participate in the Founding Fathers 5k, **(2)** In consideration of my application to participate in the founding Fathers 5K being accepted, I, on behalf of myself, my heirs and assigns, and my estate, hereby waive and forever discharge the sponsors, organizers, affiliates, as well as their agents and employees from any and all claims that may accrue as the result of my participation, and **(3)** I hereby grant Lebanon Community School District & The Lebanon Running Club specific permission to reproduce, publish, circulate, copyright or otherwise use any and all photographs and/or videotape of me and/or my family, taken at the Founding Fathers 5K, for promotional use .

Participant Signature (Parent or Guardian If Under 18)