

The Class of 2016 presents the

DO OR DYE 5K

Date: Saturday, April 11th, 2015

Time: Open Registration 9:00am
Race Begins 10:00am

Location: Winterplace Park

(Plan to join us after the run for some food and music)

Phone: 410-546-0661 ext. 123 Price: Pre-registration (until April 3) \$25 pp
Day-of Registration \$30 pp



Check us out on Facebook

Send form to: Salisbury Christian School
807 Parker Road Salisbury MD 21804

Check out our website: <http://salisburychristian16.wix.com/doordye> (Attn: Adam Lewis)

Make checks payable to Salisbury Christian School (memo: Class of 2016 5K)

REGISTRATION FORM

Name: _____ Age: _____ Sex: _____

Address: _____

Email: _____

Phone: _____

T-Shirt Size: ____ S ____ M ____ L ____ XL (T-shirt only guaranteed w/ pre-reg.)

My Donation is to Support . . . Please check one of the following:

____ 2016 Senior _____ (print name) OR ____ General Travel Fund

I know that running/walking or volunteering for a road race is a potentially hazardous activity. I should not enter and run/walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Salisbury Christian School, the City of Salisbury, all sponsors, their representatives and successors, from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant full permission in perpetuity to the organizers of this event to use, reuse, publish or republish my name and image as a participant in the event in photographs, video, or other recordings. I have read, understand and agree to the terms of this agreement.

Participant Name: _____ (please print)

Participant Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(If Participant is Under 18)