

10.28.

5K	KIDS	WALK

City Of Altus Reservoir Falcon Rd. Altus OK **8 AM START TIME**

OFFICIAL USE ONLY	
Race	
Bib #	

Early registration closes Oct 6th. This form must be postmarked no later than Oct 2nd if mailing.

Participant Info

Form is VOID if ALL information is not completed. Please PRINT. Only ONE Registrant per entry form.

Last Name			-irst Name		
Address					
City		State		Zip	
Email Address_			_Phone		
Gender	Birthdate		Age o	n Race Day	

Participant Shirt Please select one per participant registered

Adult Sizes (Please Circle One) Sm Med Lrg XL 2XL 3XL 4XL Kids Sizes (Please Circle One) XS Sm Med Lrg



Entries received after Oct 6th are NOT guaranteed an official event T-shirt.

Extra Shirt \$10 Ea.

Adult Sizes (Please Circle One) Sm Med Lrg XL 2XL 3XL 4XL Kids Sizes (Please Circle One) XS Sm Med Lrg

Registration Fees

Early Registration Closes Oct 6th

Events	Now – Oct 6th	Oct 7th – 27th	Race Day
5K	\$25	\$30	\$35
Walk	\$25	\$30	\$35
Kids Dash	\$10	\$15	\$20
(12 and Under)			

Payment Options \bigstar Cancellation Policy: All entry fees are non-refundable!

CASH CHECK: Payable to Frazer Bank Cancer Crushers **5K RUN**

WHICH EVENTS?

KIDS MONSTER DASI	1
WALK	

SLEEP	IN

Got something else going on? Just want to Sleep In? Donate \$25 by Oct 6th and we will get a shirt to you!!

SEND IT

Mail Entry Form and Payment to: **Cancer Crushers** PO Box 637 Altus OK, 73521

Waiver of Liability I, the undersigned runner, know there are risks of accidents, injuries, and adverse health consequences in my participation in the Cancer Crushing Color Run events. I am physically fit and sufficiently trained to participate. I am not acting against medical advice or with knowledge of health conditions that would place me at special risk by participating. Knowing these facts and in consideration of your accepting my entry. I hereby for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf covenant not to sue, and waive and release and discharge any and all race sponsors, race officials, volunteers, local and state police including any and all of their agents, employees and assigns, or anyone acting on their behalf from any and all claims or liability for death, personal injury, or property damage of any kind or nature whatsoever arising out of, or in the course of my participating in this event whether same be caused by negligence or fault. I am fully aware of the risks inherent in participation in said race, and hereby elect to enter said event voluntarily and assume all risks of loss and injury that I may sustain. I have read and understand this release and waiver of liability. I agree to comply with all race rules and instructions of race officials. Photo

Consent I, the undersigned runner, hereby authorize photography taken of myself and hereby release Frazer Bank and Cancer Crushing Color Run event from any and all responsibility attached thereto. I understand that photography, interviews, and videotaping is intended to be used for the purpose of event promotions and marketing, but may be used at the discretion of the organizing parties.

Signature Date Parent's Signature (If under 18 years of age) Date