

Name of Participant:						
					(Print)	
Male/Female	Age:					
Address:						
Email address:						
Phone:						
T-shirt size: 🛛 Youth M	□ Youth L	□s	Пм	ΠL	□ XL	□ XXL

PLEASE READ AND SIGN RELEASE: I know that running/walking a road/trail race is a potentially hazardous activity. I should not enter unless I am able. I assume all risk associated with the event including and not limited to falls, injuries, and contact with other participants, effects of weather, traffic or road conditions. I, for myself and anyone entitled to act on my behalf, waive and release the race officials, organizers, sponsors, volunteers of this race, the COPE mission and Little Galilee Christian Camp, and its employees and contractors from all claims and liabilities arising out of my participation in this event even though that liability may arise of negligence or carelessness on the part of the persons named in this waiver. I further state that I have trained accurately and am in suitable athletic condition to compete in this event. I understand that I will be charged \$20 if my chip is not returned immediately after the race. I grant permission to all of the foregoing to any photographs, video or recording or any other record for legitimate purpose.

Signature of Participant or guardian

Date

Please mail registration & make checks payable to: COPE P.O. Box 903 Lincoln, IL 62656 Contact information: www.childrenofpokot.org/5k barbintapadany@gmail.com | joshturney1@gmail.com or 309-287-3268.