

 Wasilla Area Seniors, Inc

 **MILES FOR MEALS ON WHEELS**

 5K Fun Run, Walk, or Roll

 June 9, 2018, 10:30 AM

Please complete the form for every applicant and return with application fee. Please do not mail cash. Checks should be payable to Wasilla Area Seniors, Inc. Mail to 1301 S Century Cir, Wasilla, AK 99654. You may register online at [www.wasillaseniors.com](http://www.wasillaseniors.com) or in person at the same address, Monday – Friday 8 am to 4 pm (excepting Holidays). Call us with any questions at 907-376-3104. Thank you!

**Please print legibly**

**Name:** **Sex:** M 🞎 F 🞎

 Last First MI

**Address:** **City:** **State:** **Zip:**

**Age on Race Day** (June 9, 2018): years **Phone**: ( )

**Entry Fee:** Before June 8: $20/racer or $60/team Race Day: $30/racer or $70/team

**Entry Fee Enclosed:** $ **Single** 🞎 **Team of 4** 🞎

**Team Name:** For teams, please complete one entry form for each person.

**Age Division:** Under 18 🞎 18-34 🞎 35-59 🞎 60 or more 🞎

**Number & Size of T-Shirts:** S 🞎 #\_\_\_M 🞎 #\_\_\_L 🞎#\_\_\_ XL 🞎 #\_\_\_ 2XL 🞎#\_\_\_ 3XL 🞎#\_\_

WAIVER: I know that participating in a running/walking event is a potentially hazardous activity in which I should not participate unless I am medically and physically able. I assume any and all risks associated with participating in this event including but not limited to: falls, contact with other participants, the effects of weather, including high heat and/or humidity, and conditions of the event course, all such risks being known and appreciated by me. Having read this waiver and knowing the risks, and in consideration of my entry, I for myself, my executors and administrators and assignees, or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge Wasilla Area Seniors, Inc., the City of Wasilla, the State of Alaska, all race officials and volunteers, and any and all sponsors including their agents, employees, assigns, or anyone acting on their behalf, from any and all claims of liability for death, personal injury, or property damage of any kind or nature whatsoever arising out of, or in the course of my participation in this event. This waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. I grant permission to Wasilla Area Seniors, Inc. and/or agents authorized by them, to use any photographs, video tapes, recordings, and any record of this event for any lawful purpose.

SIGNED: Date:

 SIGNATURE OF ENTRANT ❑ Self

 (IF UNDER 18 PARENT MUST SIGN) ❑ Parent of participant under 18