



Wasilla Area Seniors, Inc.
MILES FOR MEALS ON WHEELS
5K Fun Run, Walk, or Roll

June 22, 2019, 10:00AM

Please complete the form for each participant and return with entry 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 in person at the same address, Monday - Friday 8 am to 4 pm (except Holidays). You can also register online at www.eventbrite.com.

Call us with any questions at 907-376-3104.

Thank you!

Please print legibly

Name: Last First MI Sex: M F

Address: City: State: Zip:

Age on Race Day (June 22, 2019): years Phone: ()

Entry Fee: Before June 22: \$25/racer or \$75/team Race Day: \$35/racer or \$105/team

Entry Fee Enclosed: \$ Single Team of 4

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

Age Division: Under 18 18-40 41-59 60 or more

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
(IF UNDER 18 PARENT MUST SIGN)

Self
Parent of participant under 18