24TH ANNUAL
NIPIGON 5KM RUN/WALK
FRIDAY, SEPTEMBER 3RD ,2021 AT 5:30 P.M.
ENTRY FORM: 5KM RUN/WALK

Name: _____

Address: _____

Town:_____ Postal Code:_____

Date of Birth:_____ Age:_____

T-Shirt Size: Small ___ Medium___ Large___ XL___

Runner:_____ Walker: _____ Male/Female: _____

DIVISION:

( ) 12 & Under ( ) 13-19 ( ) 20-29 ( ) 30-39

( ) 40-49 ( ) 50-59 ( ) 60 & over

( ) Parent & Child *Both individuals must be registered and paid for separately

LIABILITY WAIVER:

In consideration of the acceptance and the permission to participate as an entrant or competitor in the Nipigon 5km, I for myself, my heirs, executors, administrators, successors and assigns hereby release, waive, and forever discharge the race sponsors, promoters, organizers, the Township of Nipigon and all from all claims, demands, damage, costs, expenses or loss to my person or property howsoever cause arising or arise by my participation in said athletic event. By submitting this entry, I acknowledge having read, understood and agreed to the above waiver, release and indemnify, I have full knowledge of the risks involved in this event.

_____ _____ _____

Date Print Name Signature