

Barnyard Blast 5K



OFFICIAL ENTRY FORM

to benefit Farming For Our Future at Pond Hill
5K Race, October 2, 2010, 10:00 AM, Pond Hill Farm

Full Name _____ Sex Male Female

Age _____ D.O.B. _____

Address _____ City _____ State _____

Zip _____ Phone _____ E-mail _____

Emergency Contact _____ ContactsPhone _____ Relation _____

Pre-Existing Medical Condition including allergies and medications:

Which race you will you be running? 5K (3.1 miles) 5 miles

Entry Fee: \$10 - Please make checks payable to Farming For Our Future

In consideration of your accepting this entry, I hereby, for myself, my heirs, executors and administrator, waive and release any and all rights and claims for liability and damages I may have against Farming For Our Future or Pond Hill Farm, its employees, agents, officers, governors, sponsors and volunteers, the cities and towns in which the race is contested, and their representatives, successors and assigns for any and all injuries or death suffered by me in or arising for the said event. I acknowledge that it is my responsibility to understand the risks and determine whether I am fit to safely complete this event and the precautions I should take. I attest and certify that my physical condition and ability to safely complete this event have been verified by a licensed medical doctor (except where the latter is in violation of my religious principals); and that I am physically fit and have sufficiently trained to complete this event. I agree to abide by all rules of the event manager. I grant to Farming For Our Future, and its sponsors and licenses the exclusive right to the free use of my name, voice, and/or picture in any broadcast, telecast, advertising, promotions or other account of this event. I acknowledge that my entry fee is non-refundable, even if the race is cancelled. I agree that any legal claim or dispute arising out of or in any way relating to my participation in this event will be governed by the laws of Michigan and will be adjudicated exclusively by and in the Courts of Michigan.

Print Name _____ Date _____ Signature (of parent if under 18) _____