

YMCA Trick or Treat Trot 5K Fun Run/Walk



Shine On

REGISTRATION/WAIVER FORM

5KM Registration Fee: \$25

Event Information:

Date: Saturday, October 26th, 2024

Registration: 8am

Run/Walk Start: 9am

Basic Information

Full Name

Date of Birth

Phone Number

Email

Gender

Address (House/Apt. No/Street/City/Postal Code)

Emergency Contact Name

Emergency Contact Phone No.

Participant Waiver - Please Read Before Signing

I acknowledge and understand that participation in fitness and recreation activities involves risk of personal injury. In consideration of the use of the facilities, premises and equipment made available as part of the Lunenburg County YMCA, I accept the risk regardless of the nature of the injury. I agree and understand that the YMCA or any of its volunteers or members shall not be held liable for any personal injury, death, loss of property or damage as a result of my participation. I hereby release, indemnify and hold harmless the volunteers and members from all claims, causes of action, costs, expenses or demands which myself, my heirs, executors, administrators or assigns may have with respect to any such injury, death, loss or damage.

Name

Signature

Date

(Parent/Guardian must sign if participant is under the age of 16)

Admin Only:

Registered

Payment Processed