## 2nd Annual JIC 5k Walk/Run

## Fun Run of It!! May 4th, 2014



## Personal Information

Youth T-shirt size: Youth S, M, L

Adult T-shirt size: Adult S, M, L, XL, XXL

Note: T-shirt size cannot be guaranteed if registered close to race day. (t-shirt order by 4/27/14)

First Name	Last Name		Shirt Size	DOB:
If part of a sponsorship, nam	ne of sponsor			
Team/Family Name, if applic	cable			<del> </del>
Mailing address				<del> </del>
City		_State	Zip	
E-mail address		Daytime Phone		
Other team members:				
Name			Shirt Size	DOB:
Name			Shirt Size	DOB:
Name_			Shirt Size	DOB:

All proceeds from this event will benefit THE RELAY FOR LIFE.

Pricing Information: Pre-Registration \$20.00 Day of Race: \$25

Race begins at 8:00am-day of Race Registration: 7:30am

PRE-REGISTRATION INFORMATION: Mail in Registration or On-line Registration:

**Jefferson Industries, Corporation** 

6670 State Rt. 29 NE

West Jefferson, OH 43162

**ATTN: Jennifer Roy** 

email: <u>j\_roy@jic-ohio.com</u>

On-Line Registration (will have a minimal

additional registration fee):

https://secure.getmeregistered.com/JIC5K

CANCELLATION: Entry fees are nonrefundable. Sorry, no exceptions. Race will be held rain or shine

Route: Start/Finish Line at Jefferson Industries Parking lot down HWY 40 to Taylor Blair Road Covered Bridge to turn around and return to JIC Parking.

SPONSORED BY:









Release of Liability Form			
,, hereby acknowledge that I have voluntarily chosen to participate in the JIC 5k Valk/Run, hereafter referred to as the "Event", sponsored by Jefferson Industries Corporation (JIC), Nissen Chemite Buckeye Ford, Flyer's Pizza & Subs, PNC Bank, Inc., and other sponsors hereafter referred to as "Released Parties".			
RUN STRAINS THE CARDIOVASCULITY, AND I AM VOLUNTARILY PART HEREBY AGREE TO ACCEPT ANY AN	OUS PHYSICAL EXERCISE AND PARTICIPATION IN EVENTS SUCH AS A 5K WALK/LAR SYSTEM AND ALL OTHER PARTS OF MY BODY AND CAN BE HAZARDOUS ACTIVICIPATING IN SUCH ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED AND ALL RISKS OF INJURY AND DEATH. IT IS HIGHLY RECOMMENDED THAT YOU PHYSICIAN PRIOR TO PARTICIPATING IN THE EVENT.		
that I, my heirs, distributees, guard the property of, or prosecute the R contractors, or any of its affiliated for injury or damage resulting from or contractor of the Released Parties discharge the Released Parties from sentatives, or assigns now have or Event. I further agree to indemnify	being permitted by the Released Parties to participate in the Event, I hereby agree dians, legal representatives and assigns will not make a claim against, sue, attach eleased Parties, its employees, managers, supervisors, fitness advisors, agents, organizations, legal representatives, successors, or assigns (The "Released Parties") the negligence or other acts, however caused, by any employee, agent, volunteer, es, as a result of my participation in the Event. In addition, I hereby release and in all actions, claims or demands I, my heirs, distributees, guardians, legal repremay hereafter have for injury or damage resulting from my participation in the y and hold the Released Parties harmless from any losses, liabilities, damages, or sult of any claim made by me or on my behalf based on my participation in these		
	THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT AND A CONTRACT THAT WAIVES CLAIMS THAT I MIGHT LATER TRY TO BRING.		
I SIGN THIS AGREEMENT (	DF MY OWN FREE WILL.		
Date:	Participant:		
Date:	Witness:		
Signature of Participant (	or of Guardian if not 18 years of age):		