

ANNUAL HANCOCK COUNTY D.A.R.E. 5K RUN/WALK ENTRY FORM

October 2, 2010

Sign in between 7 A.M. and 8 A.M.

Runners begin at 8:10 A.M.

Walkers begin at 8:15 A.M.

**Start/Finish Line is between Pennsylvania St. and
Riley St. on the Pennsy Trail**

Individual Rate \$25.00

Group Rate (five) 100.00

\$20.00 for each additional member

Kids ages 5 to 12 \$5.00

Kids under 5 are Free

(Make Checks Payable to Hancock County DARE Program)

**T-Shirts and Packets can be picked up October 1,
2010 between 4 P.M. and 7 P.M.**

**Between The Greenfield Police Department and
Greenfield Fire Department**



ENTRY FORM (Individual)
(Please Return to Greenfield Police Dept)
(Monday Thru Friday 8 A.M. to 4 P.M.)
Please Mark the Following:

Run_____ Walk_____ Shirt Size Adult: 2X/XL/L/M
Child: Large Med

Name: _____

Address: _____

Phone Number: _____

Date of Birth: _____ **Age:** _____

Sex: Male_____ Female_____

Medical Conditions: _____

WAIVER: In consideration of the acceptance of my application for this entry, I, the undersigned intending to be legally bound, hereby, for myself and anyone acting on my behalf, release any and all claims for damages I may have against the event organizers, Greenfield Police Dept., Hancock County Sheriff's Dept., D.A.R.E. Indiana, D.A.R.E. America, Hancock County D.A.R.E., the event supporters, directors and any sponsors and their representatives, successors and assigns for any and all injuries and death suffered by me in said event. I attest and verify that I know that an athletic event can be a potentially hazardous activity. I acknowledge that participating in this event is inherently dangerous. I fully realize the dangers of participating in this event, and fully assume the risk associated with such participation, including but not limited to the following dangers: dehydration, hyperthermia, hypothermia, hyponatremia, collision with pedestrians, vehicles, and other event participants and fixed or moving objects, dangers arising from other surface hazards, equipment failure, inadequate safety equipment, weather conditions, animals, the possibility of serious physical and/or mental trauma and injury, including death. However, I have sufficiently trained for the completion of this event and know that I am participating at my own risk. I understand that there are more hazards than are enumerated here, and that there are unknown and unforeseeable hazards. I engage in the activity of this event with knowledge of the inherent risks of injury. I understand the risks involved in this event and I have carefully read, understand and voluntarily accept the terms of this waiver and release agreement. In addition, I agree to abide by the rules and conditions laid down for the event and to follow instructions issued by event officials. I understand that circumstances beyond the control of the event director may cause the event to be modified, postponed or relocated. I accept that the organizers reserve the right to refuse entry from persons considered to have insufficient experience or disqualify those who fail to follow the rules and conditions: ignorance is no excuse. I agree that my name, voice or picture may be used by Greenfield Police Dept., Hancock County Sheriff's Dept. D.A.R.E. America, D.A.R.E. Indiana, Hancock County D.A.R.E. and race sponsors for promotional purposes. I affirm that the details written about me on this entry form are true. I agree it is my sole responsibility to be familiar with the course, the rules of the sanctioning body, and the special regulations of the event. I have no physical or mental condition which, to my knowledge, would endanger myself or others if I participate in this event, or would interfere with my ability to participate in this event. I have read this waiver of liability and accept the risks and responsibility associated with entering this event. I further acknowledge that I may be required to sign an Acknowledgement, Waiver & Release from Liability (AWRL) during the registration process prior to starting the run/walk on the day of the event. I hereby grant permission for the free use of my name and picture in any broadcast brochure, website, or account of this event.

Signature _____ **Parent** _____ **Date** _____

If participant is under 18 years of age, parent or Guardian must sign.

ENTRY FORM (Group)

(Make Checks Payable to Hancock County DARE Program)

(Please Return to Greenfield Police Dept)

(Monday Thru Friday 8 A.M. to 4 P.M.)

1. Primary Contact Name:

Address: _____

Phone Number: _____

T-Shirt Size: Adult 2X XL L M Child: Large Med

Medical Conditions: _____

WAIVER:In consideration of the acceptance of my application for this entry, I, the undersigned intending to be legally bound, hereby, for myself and anyone acting on my behalf, release any and all claims for damages I may have against the event organizers, Greenfield Police Dept., Hancock County Sheriff's Dept., D.A.R.E. Indiana, D.A.R.E. America, Hancock County D.A.R.E., the event supporters, directors and any sponsors and their representatives, successors and assigns for any and all injuries and death suffered by me in said event. I attest and verify that I know that an athletic event can be a potentially hazardous activity. I acknowledge that participating in this event is inherently dangerous. I fully realize the dangers of participating in this event, and fully assume the risk associated with such participation, including but not limited to the following dangers: dehydration, hyperthermia, hypothermia, hyponatremia, collision with pedestrians, vehicles, and other event participants and fixed or moving objects, dangers arising from other surface hazards, equipment failure, inadequate safety equipment, weather conditions, animals, the possibility of serious physical and/or mental trauma and injury, including death. However, I have sufficiently trained for the completion of this event and know that I am participating at my own risk. I understand that there are more hazards than are enumerated here, and that there are unknown and unforeseeable hazards. I engage in the activity of this event with knowledge of the inherent risks of injury. I understand the risks involved in this event and I have carefully read, understand and voluntarily accept the terms of this waiver and release agreement. In addition, I agree to abide by the rules and conditions laid down for the event and to follow instructions issued by event officials. I understand that circumstances beyond the control of the event director may cause the event to be modified, postponed or relocated. I accept that the organizers reserve the right to refuse entry from persons considered to have insufficient experience or disqualify those who fail to follow the rules and conditions: ignorance is no excuse. I agree that my name, voice or picture may be used by Greenfield Police Dept., Hancock County Sheriff's Dept. D.A.R.E. America, D.A.R.E. Indiana, Hancock County D.A.R.E. and race sponsors for promotional purposes. I affirm that the details written about me on this entry form are true. I agree it is my sole responsibility to be familiar with the course, the rules of the sanctioning body, and the special regulations of the event. I have no physical or mental condition which, to my knowledge, would endanger myself or others if I participate in this event, or would interfere with my ability to participate in this event. I have read this waiver of liability and accept the risks and responsibility associated with entering this event. I further acknowledge that I may be required to sign an Acknowledgement, Waiver & Release from Liability (AWRL) during the registration process prior to starting the run/walk on the day of the event. I hereby grant permission for the free use of my name and picture in any broadcast brochure, website, or account of this event.

Signature _____ Parent _____ Date _____

If participant is under 18 years of age, parent or Guardian must sign.

Participates:

2. Name: _____

Address: _____

Phone Number: _____

T-Shirt Size: Adult 2X XL L M Child: Large Med
Medical Conditions: _____

Please Read Waiver Above:

Signature _____ *Parent* _____ *Date* _____

If participant is under 18 years of age, parent or Guardian must sign.

3. Name: _____

Address: _____

Phone Number: _____

T-Shirt Size: Adult 2X XL L M Child: Large Med
Medical Conditions: _____

Please Read Waiver Above:

Signature _____ *Parent* _____ *Date* _____

If participant is under 18 years of age, parent or Guardian must sign.

4. Name: _____

Address: _____

Phone Number: _____

T-Shirt Size: Adult 2X XL L M Child: Large Med

Medical Conditions: _____

Please Read Waiver Above:

Signature _____ *Parent* _____ *Date* _____

If participant is under 18 years of age, parent or Guardian must sign.

5. Name: _____

Address: _____

Phone Number: _____

T-Shirt Size: Adult 2X XL L M Child: Large Med

Medical Conditions: _____

Please Read Waiver Above:

Signature _____ *Parent* _____ *Date* _____

If participant is under 18 years of age, parent or Guardian must sign.