



Registration Form

Race Date: September 15, 2018, 9:30 AM

Participant Name: _____ **Age:** _____ **Gender:** Male/Female

Team Name (optional): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone number: _____

Email address: _____

Emergency Contact Name: _____

Emergency Contact Phone number: _____

Race Entry Fee: \$20/person \$80/family (4-7 family members) **T-Shirt Size:** YM YL S M L XL

Please make check payable to Dayspring Christian Church and deliver by September 7, 2018 to:
Dayspring Christian Church
8005 Highland Meadows Parkway
Fort Collins, CO 80528

By signing below, you agree to the following event waiver:

I am over the age of 18 or have obtained my parent or guardian's consent as I hereby certify the following: (1) I am physically fit and have received medical clearance to participate in the Dayspring Dash 5K, (2) In consideration of my application to participate in the Dayspring Dash 5K being accepted, I, on behalf of myself, my heirs and assigns, and my estate, hereby waive and forever discharge the sponsors, organizers, affiliates, as well as their agents and employees from any and all claims that may accrue as the result of my participation, and (3) I hereby grant Dayspring Christian Church specific permission to reproduce, publish, circulate, copyright or otherwise use any and all photographs and/or videotape of me and/or my family, taken at the Dayspring Dash 5K, for use by Dayspring Christian Church. (4) I acknowledge that all registration fees and donations are non-refundable and non-transferable.

Signed: _____ **Date:** _____