

Dowell-oween Monster Dash

2nd Annual Family Fun Run

Sat. Oct 31, 2015-Buffalo Park

Hosted by Flagstaff Pediatric Dentistry

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Age: _____ Male or Female Email: _____

Race: _____ 1 mile _____ 5K Date registered: _____

Entry Fee: Child \$20 _____ pd

Child \$25 _____after 9/30/15 cash check cc _____

Adult \$30 _____ pd cash check cc _____

Adult \$35 _____after 9/30/15

Receipt # _____ Total amount paid: _____

Shirt Size: Youth sizes (Sport-Tek shirts run big)

XS _____ SM _____ Med _____ Lrg _____ XL _____

Adult sizes (Sport-Tek shirts run big)

SM _____ Med _____ Lrg _____ XL _____ XXL _____

Women's Cut (True to size)

SM _____ Med _____ Lrg _____ XL _____

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Participant Waiver for Race Registration

I know that running in a race is a potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skate boards, animals, and personal music players are not allowed in the race and I will abide by all race rules. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the ***Dowell-oween Monster Dash, Flagstaff Pediatric Dentistry, The Poore Clinic*** and the ***City of Flagstaff***, all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Participant's Name: _____

Signature: _____

Date: _____

Parent's Signature if under 18 years: _____

Date: _____