

Warrior Way

5K Road race



Date: Saturday, October 27th **Race Start Time: 10 A.M.**

Location: Washington High School - Sioux Falls, SD

Entry Fee: \$20 by October 20th, 2007, \$25 after 10/20/07

Note: This is a fund raiser for the Cross Country team of Washington High School.

Awards will be given to the top male and female finishers in all the age brackets.

First Name _____ **Last Name** _____

Address: _____

City: _____ **State/Province:** _____

Zip/Postal Code Country (if not U.S.) _____

Gender M / F **Date of Birth:** ___/___/___ **Age on 10-27-07:** _____

Daytime Phone Number: (____) _____

E-mail Address (please print clearly): _____

Race Shirt Size (check one) S M L XL XXL (add \$2.00)

Entry Fees (\$20) are Non-refundable and Nontransferable. Mail completed entry form with entry fee payable by check or money order to:

Washington High School Cross Country
501 N. Sycamore Ave
Sioux Falls, SD 57110

Please do not mail entry form with postmark after October 20, 2007

Questions regarding registration may be directed via phone to (605) 371-2545 or e-mail to taheitkamp@sio.midco.net.

Waiver – REQUIRED by Signature

I agree to abide by any decision of a race official relative to my ability to safely complete the event. I assume all risks associated with this event including but not limited to falls, contact with other participants, effects of weather, traffic conditions and road conditions. All such risks being known and appreciated by me.

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 of the Washington High School Cross Country team, race officials, organizers, sponsors, Washington High School and its employees and all supporters from all claims or liabilities of any kind arising from my participation in this event. I even know that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. I understand that dogs on leashes, bicycles, skates and/or bandit pacers are prohibited and will not be tolerated and violation of this will result in disqualification.

Signature of applicant: _____ **Date** _____

Signature of parent or legal guardian if under the age of 18 _____ **Date** _____