# 🎄 Candy Cane Lane 5K Run/Walk Registration Form

**Hosted by:** Jewell County Health Department

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## Participant Information

**Name:** _____
**Address:** _____
**City/State/ZIP:** _____
**Phone:** _____ **Email:** _____

**Age on Race Day:** _____ **Gender:** ☐ Male ☐ Female ☐ Other

**Emergency Contact Name:** _____
**Phone:** _____

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## Registration Fee

- **Adults:** $20 per person
- **Children:** Please bring a **non-perishable food item** for the **local food pantry**

☐ Cash ☐ Check **(Make checks payable to: Jewell County Health Department)**

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## Waiver and Release of Liability

In consideration of the acceptance of my entry in the Candy Cane Lane 5K Run/Walk, I, for myself and anyone entitled to act on my behalf, hereby waive and release the **City of Mankato, Ks.**, the **County of Jewell**, the **Jewell County Health Department**, event organizers, volunteers, and sponsors from any and all claims or liabilities of any kind arising out of my participation in this event.

I understand that running or walking in an event is a potentially hazardous activity and that I voluntarily assume all risks associated with participation. I also grant permission for my image or likeness to be used for event publicity purposes.

**Participant Signature:** _____ **Date:** _____
**Parent/Guardian Signature (if under 18):** _____ **Date:** _____