

Armed Forces Day 5K Registration & Liability Waiver

Event Name: Armed Forces Day 5K Event

Date: May 16

Event Location: Veterans Park, Giddings

Full Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Phone: _____

Liability Waiver & Release

By signing below, I acknowledge and agree to the following:

- I understand that participation in a 5K fun run involves physical activity and carries inherent risks, including but not limited to falls, contact with other participants, weather conditions, traffic, and other hazards.
- I certify that I am physically fit and able to participate in this event.
- I voluntarily assume all risks associated with my participation.
- I hereby release and discharge the event organizers, sponsors, volunteers, and any affiliated organizations from any and all claims, liabilities, or damages arising out of my participation in this event.
- I grant permission for event organizers to use photographs or videos taken during the event for promotional purposes.
- In case of emergency, I authorize event staff to secure medical treatment deemed necessary.

Signature: _____

Printed Name: _____ Date: _____