

OFFICE USE ONLY* DATE PAID _____

5K OR 1 MILE _____

BIB # _____

2016 SEMINOLE NATION DAYS

REGISTRATION FORM

5K AND 1 MILE FUN RUN/WALK

SATURDAY, September 17, 2016

5k starts at 7AM, 1 mile fun run/walk starts at 7:05AM

5k Pre-Registration \$25

1 Mile Pre-Registration \$20

EVERYONE 55 AND

5k Race Day Registration \$30

1 Mile Race Day Registration \$25

OVER ARE FREE!

Preregistration ends at 5pm on Thursday September 15th. Race day registration will be

Saturday beginning at 6am inside the Community Center, Mekuskey Mission

NO CHECKS, CASH OR MONEY ORDERS ONLY- PAYABLE TO SEMINOLE NATION DAYS !!!

Name: *(please print)* _____ Address: _____

City: _____ State _____ Zip Code _____ Home/Cell Phone _____

Email Address _____ Male _____ Female _____ Age on Race Day _____

Event: Indv. 5k _____ Indv. 1 mi. Fun Run/Walk _____

T-Shirt Sizes: Adult S ___ Adult M ___ Adult L ___ Adult XL ___ Adult XXL ___ Adult XXXL ___

Waiver and Release

I know that running a road race is potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I also know that there will be a possibility of traffic on the course. I assume the risk of participants, the effects of the weather, including high temperatures and the conditions of the road, all such risks being known and appreciated by me. Furthermore, I agree to yield to all emergency vehicles. Knowing these facts, and in consideration of your accepting my entry, I hereby for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue, and waive and release and discharge the Seminole Nation and its affiliates, their agents, employees, officers, directors, successors and assigns, volunteers, City of Seminole, any and all race sponsors, their representatives and successors, from any and all claims or liability for death, personal injury or property damage of any kind or nature whatsoever arising out of, or in the course of, my participating in this event. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known sponsors and/or agents authorized by them to sue any photographs, videotapes, motion pictures, recordings, or any other record of this event for any purpose. Applications for minors accepted only with parent or guardian's approval.

In signing this form, I do hereby release Seminole Nation, its sponsors and all persons connected to this race of all responsibility for any injuries or accident.

Participant's Signature (or guardian if under 18) _____

NAME OF EMERGENCY CONTACT: _____ CONTACT PHONE: _____

Seminole Nation Diabetes Program, PO Box 1498, Wewoka OK 74884, Tel 405-234-5274, Fax 405-234-5283