

(one per participant)

Full Name:				_Date:	
Date of Birth:	Gender:	Male	Female	Age:	
Address:		City:		Sta	ate:
Zip Code: Phor	ne: (_)			
Email:					
T-Shirt Size: (circle one) *shirts are or	ıly guaranteed if	fyou register	before Feb.	21*	
Youth M Youth L Adult S Adu	lt M Adult L	Adult XL	Adult 2XL	Adult 3XL	Adult 4XL
I,	parent or guard	dian of			, give
permission for my child to participa					
at Dow Park, 610 E. San Augustine.					
Parent/Guardian Signature:					
Participant Signature:					
**Pay in cash or checks made out	to Deer Park Ju	ınior High. I	Please includ	de checks w	vith driver's
license	number and s	tudent's na	me.**		
Cost: \$20 fee in advance or \$25 the day of.					
STROLLERS ARE ALLOWED, no pets please!					
You can turn this form with cash in at any Deer Park School. For more information, you may					
contact our class at thepaigeproject2014@gmail.com or visit our website,					
www.thepaigeproject5K.weebly.com					
****This is a fun	run and there	will not be	chip-timing.	****	
EVENT DISCLAIMER: By participating	g in this event, I	do so at my	own risk. I as	ssume all ris	k of injury,
illness, damage or loss to me or my pr			_		-
theft of personal property. I agree or	•		-	_	
event, its principals, its officers & dir	· · · · · · · · · · · · · · · · · · ·	-		-	
employees from any and all claims or		_	_	-	-
below, I am waiving any right that I m	•			claim agains	t any and all
ever	nt sponsors for t	heir negliger	nce.		
I AGREE					
Sign here:					