



6th Annual Bobby Hampton Memorial
Registration & Consent Form

Name: _____ Age: _____ Male/Female _____

Address _____

Email address _____ Phone _____ Shirt Size S M L XL 2X

Race (*circle one*) 11 mile 5k run 5k walk Kids Race

I understand that participating in this event is potentially hazardous, and that I should not enter and participate unless I am medically able and properly trained. In consideration of the acceptance of this entry, I assume full and complete responsibility for any injury or accident, which may occur while I am traveling to or from the event, during the event, or while I am on the premises of the event. I also am aware of and assume all risks associated with participating in this event, including but not limited to falls, contact with other participants, effect of weather, traffic, and conditions of the road. I, for myself and my heirs and executors, hereby waive, release and forever discharge the event organizers, sponsors, promoters, representatives, successors and assigns, and all other persons associated with the event, for my all liabilities, claims, actions, or damages that I may have against them arising out of or in any way connected with my participation in this event. I understand that this waiver includes any claims, whether caused by negligence, the action or inaction of any of the above parties, or otherwise.

I understand that the entry fee is non-refundable and non-transferable. I hereby grant full permission to any and all of the above parties to use any photographs, videotapes, or any other record of this event.

SIGNATURE REQUIRED

Parent MUST sign if racer is under 18 years old

DATE

Mail to
Stephanie LaFauci
1027 Hill Valley Drive
Julian WV 25529