

Please register at http://conta.cc/2CmZONL
OR return entry form and registration fee to:
Melissa Savino, County Administrator's Office
Make checks payable to: Livingston County

Name:	Age:
Department/Affiliati 5K: Run	on: Walk

T-shirt size

Unisex: _XL _L _M _S Youth: _L _M

of my paritipation in this event. I have read this waiver and certify my com;liance and agreement with its content

WAIVER: I know that running/walking a race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by the

decision of the race officials relative to my ability to safely complete the event. I assume all

risks associated with running/walking this event including, but not limited to, falls, contact with other runners, the effects of the weather, including high heat and/or humidity and the conditions of the course, all such risks being known and appreciated by me. Having read this waiver acknowledgin these facts and in consideration of you accepting my entry, I for myself, and everyone entitled to action on my behalf, waive and release Livingston County, volunteers, and any and all race sponsors from any claims or liabilities of any kind arising out

ignature:	 	

Signature of Parent/Guardian (under 18):_____