Bites of Europe Oktoberfest 5K

All Proceeds benefit the Coffee County Children's Advocacy Center

Name:_____ Gender: Male / Female

Address:_____ City /State/ Zip: _____
Phone:_____

Email:_____ Emergency Contact: _____
Phone:_____

Entry Fee: $25.00 All Ages includes t-shirt only if preregistered

Shirt Size: (Circle Size) Adult Small Adult Medium Adult Large Adult X-Large Adult XX-large

Please make checks payable to Kevin Greenfield

APPLICATION TOTAL AMOUNT:_____

Waiver: I know that running is a potentially hazardous activity. I should not enter or run in this event unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this race including, but not limited to, falls, contact with other participants, the effects of weather, the condition of the road and traffic on the course. All potential risks are known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release the Coffee County School System, Coffee County Central High School Library, all sponsors, their representatives and successors from all claims of liabilities of any kind, including any claims arising out of negligence of aforementioned parties, arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recording, or any other record of this event for any legitimate purpose. Please sign below. If under the age of 18, a parent/guardian must sign.

Signature:_____ Parent or Guardian if under 18:_____

Date:_____