## 7th Annual Bradley R. Smith Memorial Scholarship 5K Run/Walk Registration Form

Please complete form and enclose registration/race fee of \$25 and send to:

Bradley R Smith Memorial Scholarship 5K Run/Walk P.O. Box 21, Troy, IL 62294

Race Location: Tri Township Park Pavilion #10

409 Collinsville Road

Troy, IL 62294

Race Day: Saturday

9/10/16

Race begins 8:00 am



| Pre-Registration forms must<br>After 8/22 T-shirts <b>NOT</b> gua   | •   |  | nning at 7am - \$30  |
|---|---|--|--|
| Name  |   |  | _  |
| Address   |   |  | -  |
| City  | State   | Zip Code   | _  |
| Home phone  | Cell phon   | e  | _  |
| E-mail address  |   |  | _  |
| Age Ma  | le Female [   |  |  |
| T-Shirt Size: Small(S)<br>Extra Large(XL) 2X Lar  | Medium(M) ☐ rge(XXL) ☐ 3X   | Large(L) Large(XXXL)   |  |
| Release and Waiver (Pleas By registering in this run I agree to the foll and run unless I am medically able. Also I course route; therefore, I assume the risk of including, but not limited to falls, contact of am solely responsible for my own safety we waive, release, and discharge the sponsors representatives, successors or assignees fro or nature whatsoever arising out of, or in the kind and nature whatsoever. The undersig other record of the event for any purpose. | lowing release: Knowing knowing that, although po of running in traffic. I also with other participants, and rome or contributors to this even any and all claims of line course of my participat and further grants full per the course of my participat and further grants full per the course of my participat and further grants full per the course of my participat and further grants full per the course of my participat and further grants full per the course of my participat and further grants full per the course of my participat and further grants full per the course of the | lice protection will be provide<br>assume any other risks associal<br>the effects of weather and co<br>or participating in this event.<br>n, any race officials, voluntee<br>ability for death, personal inju-<br>on. The release form and wa<br>mission to use any photograph | d, there could be traffic on the ated with running this event onditions of the road. I understand I Knowing these facts, I hereby rs, the city and police agencies, their ry, or property damage of any kind over extends to all claims of every |
|   | Signature   |  | Date   |
| 36  | Parent Signatu  | re (if under 18)   | Date   |