

ROSE CITY RUN — OFFICIAL ENTRY BLANK

42nd annual 10,000-Meter Run

NAME _____
(Please Print Clearly) (first) (last)

MAILING ADDRESS _____
(street or box)

(city) (county) (state) (zip)
(Your competitor number will be sent to the address above)

PHONE _____ PUBLIC OFFICIAL Yes No

E-mail address _____

AGE: As of 04/27/19 _____ BIRTHDATE _____ SEX _____

**EMPLOYER, SCHOOL
AND CLUB AFFILIATION** _____

CIRCLE ONE: T-SHIRT SIZE: **Adult:** S M L XL XXL (\$2 extra) XXXL (\$3 extra)
Child: S (6-8) M (10-12) L (14-16)

NOTE: Performance T-shirts are slightly looser per size compared to 100% cotton

No T-shirt option is \$15 USATF member YES NO

Payment options: Early registration by April 13 \$21 or Late registration after April 13 \$24
(Make check payable to Rose City Run)

For and in consideration of my being allowed to participate in the ROSE CITY RUN, (hereinafter "the event") behalf of myself, my heirs, personal representatives and assigns, I hereby assume all risks and waive all claims for injury or illness which may result, directly, or indirectly, from my participation in the event and agree to indemnify and hold harmless the City of Thomasville/Thomasville YMCA, sponsors, organizers and their respective employees, elected officials, appointed officials and any other person or entity associated with the event of and from all actions and claims, including attorney's fees, which may at any time be incurred by reason of my participation in the event. I understand that anyone entering this race who is not adequately trained is taking a definite risk in suffering physical ailments. I do hereby state that I have trained properly and that I am physically prepared to participate in the event, and I expressly assume the risk of any illness or injury which may result from my participation in the event.

I authorize the use of any photograph, moving picture or any other graphic depiction made immediately before, during or after the participation in the event by the organizers or others, and I expressly waive any claim or privilege or privacy, or right to compensation for the publication of any such photograph, film or other graphic depiction.

SIGNATURE OF ENTRANT OR PARENT OR LEGAL GUARDIAN IF UNDER 18 YEARS OF AGE

**ROSE CITY RUN
P.O. BOX 1037
THOMASVILLE, GA 31799**

**Race starts at 8 a.m. on Broad Street
at the post office on April 27**
(229) 226-9878 E-mail: rcr@ymca-thomasville.org

May register online: www.ymca-thomasville.org, click on Rose City Run events and registration