



REGISTRATION FORM

Participant Name: _____ DOB: ____/____/____

Address: _____ City/St/Zip: _____

Participant Email: _____ T-Shirt Size: S M L XL 2XL 3XL
(Must be registered by 10/5/19 to guarantee t-shirt)

Select 5K Category: ☐ 5K Runner ☐ 5K Walker

Registration Fee: \$25

Emergency Contact: _____ ER Phone: _____

AUTHORIZATION & RELEASE

I understand that running and/or volunteering for a road race is a potentially hazardous activity which could cause injury or death. I will not enter or participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running in this event, including but not limited to: falls, scrapes, bruises, twisted ankles, various injuries to the body, contact with other participants, the effects of the weather including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, and roller skates or roller blades are not allowed in the race, and I will abide by all race rules. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the OVM Halloween 5K Fun Run & Walk, the city of Ripley, Ohio, Ohio Valley Manor (OVM), Health Care Management Group (HCMG), all employees of Ohio Valley Manor (OVM), all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. Furthermore, I grant permission to all of the foregoing to use my photographs, video, recordings and name or any other record of this event for any legitimate purpose.

This Waiver, Release, Promise Not to Sue, Authorization and Release to Use Likeness Form shall be governed by the State of Ohio. I certify that I am eighteen (18) years of age or older and, if I am executing this Waiver and Permission Form on behalf of my child or ward, the information set forth above pertaining to my child or ward is true and complete.

Participant Signature: _____ Date: ____/____/____

Parent/Guardian Signature: _____ Date: ____/____/____

If under the age of 18, Name of Parent/Guardian: _____

*Return this form with your registration fee to: OVM Halloween 5K, 5280 US Highway 62 & 68, Ripley, Ohio 45167.
For more information, contact the OVM Marketing Department at (937)392-4318.*