

# Dyed EGGstravaganza 2017 Registration

Date: Saturday, April 1st, 2017

Registration: 12:00 PM Mountain Time at the 4-H Building, Tribune, KS

5K Race: 1:00 PM Mountain Time

Kid's Dash to Follow Completion of 5K

1 Mile Predict Following Kid's Dash



Name: \_\_\_\_\_

(for official use only)

Bib #

Gender: \_\_\_\_\_ Age on race day: \_\_\_\_\_ Birthday: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number where you can most likely be reached: \_\_\_\_\_

Circle one or more:

In which race(s) will you participate:    5K            1 Mile Predict            Kid's Race

Circle one:            Shirt included with 5K registration. Extra shirts \$15 each.

T-shirt size:    Adult S        Adult M        Adult L        Adult XL        Adult XXL    Total # of shirts: \_\_\_\_\_

**Awards: Trophies will be awarded to top male and top female overall finishers.**

**Finisher medals will be awarded to all race finishers.**

**Medals for the top 3 in each age division.**

## RELEASE OF LIABILITY:

*In consideration of the acceptance of my entry in the EGGstravaganza 2017 race, I, the undersigned and, if less than 18 years of age, my parent or guardian, do so at my own risk. I know that running is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I also know that, although police protection might be provided, there could be traffic on the course route; therefore I assume the risk of running in traffic. I also assume any other risks associated with running this event including, but not limited to, falls, contact with other participants, the effects of weather, conditions of the road, encounters with animals, and contact with color powder. I understand I am solely responsible for my own safety while traveling to and from or participating in this event.*

*Knowing these facts, I hereby for myself, my heirs, executors, administrators, or anyone else who may sue on my behalf covenant not to sue, and waive release, and discharge the sponsors, or contributors to this event, any race officials, volunteers, Unified Greeley County, Greeley County Health Department, Greeley County Fair Board, Greeley County Recreation Foundation, their representatives, successors, volunteers, or assignees from any and all claims of liability for death, personal injury, or property damage of any kind or nature whatsoever arising out of, or in the course of my participation. I also give permission for the free use of my name and/or pictures in broadcasts, telecasts, newspapers, poster, advertising, etc. I understand that the entry fees are non-refundable.*

SIGNATURE

DATE

Parent/Guardian signature (for participant under 18)

Emergency Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

For more information, please contact:

Lisa at the Greeley County Health Department (620) 376-4200 or email [Tribune\\_run\\_4\\_fun@hotmail.com](mailto:Tribune_run_4_fun@hotmail.com)

Registrations may be mailed to: Lisa Moritz, Greeley Co Health Dept, P.O. Box 537, Tribune, KS 67879

Make checks payable to Growing the Vision Foundation.

FEES: \$30 5K / \$25 SWFTR members

\$35 5K + 1-mile predict / \$30 SWFTR members

\$10 1-mile predict / \$5 SWFTR members

\$15 Extra Shirt

\_\_\_\_\_ PAYMENT ENCLOSED