

**FRIENDS OF THE LIBRARY
5K RUN FOR THE BOOKS
REGISTRATION FORM**

**Saturday May 18, 2019
Rain or Shine
5 K SIGN IN at 7:30am RACE BEGINS at 8:30am
Meet at Haralson County Historic Courthouse**

FIRST NAME (PRINT) _____ LAST NAME _____

ADDRESS _____ MALE FEMALE
CIRCLE GENDER

CITY STATE ZIP PHONE # EMAIL

5 K RUN Pre-Registration Now thru May 1st \$15 _____

5 K RUN Late Registration May 2nd thru 18th \$ 20 _____

**5K AWARD LEVELS CIRCLE AGE 0-10 11-15 16-20 21-25 26-30 31-35
36-40 40-45 46-50 51-55 56-60 61-65 65 & OVER**

I DON'T RUN, BUT I LOVE THE LIBRARY-- SHIRT ONLY PLEASE \$15 _____

T-SHIRT SIZE YOUTH SIZES YOUTH MEDIUM _____ YOUTH LARGE _____

ADULT SIZES S _____ M _____ L _____ XL _____ XXL _____

SHIRTS ARE PROVIDED TO ALL PRE-REGISTRERED PARTICIPANTS. WE DO NOT GUARANTEE A SHIRT FOR LATE REGISTRATION.

MAKE CHECKS PAYABLE TO FOTL - 5K

BRING FORMS TO BUCHANAN-HARALSON PUBLIC LIBRARY

OR MAIL TO RUN FOR THE BOOKS 5K P O BOX 338 BUCHANAN, GA 30113

WAIVER AND RELEASE STATEMENT

ALL RUNNERS MUST SIGN

I have read this waiver and release and understand it fully. I know that participating in a race is a potentially hazardous activity. I will not enter unless I am medically able and properly trained. I assume all risks associated with my participation in this event, including but not limited to falls, contact with other participants, the effects of the weather, extreme temperature, traffic and conditions of the road, all such risks being known by me. Knowing these facts, and in consideration of your accepting my entry, I for myself, my guardian/parent, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue and waive, release and discharge: Friends of the Buchanan-Haralson Public Library, Buchanan-Haralson Public Library, West Georgia Regional Library System, Haralson County Historical Society, the City of Buchanan, all sponsors, race officials, volunteers and workers for any and all claims or liability, whether foreseen or unforeseen, for death, personal injury, or property damage arising out of, or in the course of my participation in this event. I further grant full permission to the sponsors, organizers, and/or agents authorized by them to use any photographs, videos, motion pictures, recordings or other record of the event for any reasonable purpose.

Signature of Participant (or signature of parent or legal guardian if
Participant is age 17 or under)

Date