



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

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

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

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Cost: \$30.00 5K  \$15.00 Fun Run  \$20.00 Couch Crusader

Make Check out to PlainsWest CASA

Adult Small  Adult Medium  Adult Large  Adult XL

Adult XXL  Adult XXXL  Youth Small  Youth Medium

Youth Large T Shirt Size: *(to guarantee a shirt registration needs to be completed by 4/26/21)*

**Release and waiver (Please Read and sign)**

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, and the effects of weather and conditions of the road. I understand I am solely responsible for my own safety while traveling to and from or participating in this event. Knowing these facts and inconsideration of your acceptance of my entry, I hereby for myself, my heirs, executors, administrators, or anyone else who might sue on my behalf covenant not to sue, and waive, release, and discharge the sponsors or contributors to this event, any race officials, volunteers, the city and police agencies, their representatives successors 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. The release form and waiver extend to all claims of every kind or nature whatsoever, foreseen and unforeseen, known and unknown. The undersigned further grants full permission to use any photographs, video tapes, motion pictures, recordings, or another record of the event for any purpose. Minors will be accepted with a parent's signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please mail or drop off completed registration form and payment to **1021 10<sup>th</sup> Ave PO Box 647 Sidney NE 69162.**