



PLEASE USE BLOCK LETTER PRINTING

CIRCLE RACE: 5K Youth race

Circle t-shirt size. Small Medium Large X-Large XX-Large Youth medium

First Name: _____ Last Name: _____

Date of Birth: Month ____ Day ____ Year ____ Circle Gender: Male Female

Street: _____ City: _____

State ____ Zip ____ Emergency Phone: _____

Email address: _____

MAIL IN 5K \$28 to 1/31/2016 \$33 2/1/2014 to 2/29/2016 \$35 3/1/2014 to 4/10/2016	MAIL IN STUDENT 5K \$18 to 4/10/2016	MAIL IN YOUTH 1K \$10 to 4/10/2016
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Make check payable to: Day One. **Do not mail after April 10, 2016**

Mail to: The Day One 5k 100 Medway Street Providence, RI 02906-4402

Waiver In consideration of the acceptance of this entry. I hereby for myself, heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the Day One 5K and its respective, parents, subsidiaries, affiliates, successors and assigns, the City of Providence, USATF, sponsors, race officials, organizers and volunteers associates with this event for any injury that may occur as a result of my participation in this event. Further, I agree that any pictures or photographs taken of me by the Day One 5K, or their respective agents, in connection with this event are owned by the Day One 5K, and I waive all rights to inspect or approve the final product. I hereby irrevocably grant to the Day One 5K, or their respective assigns, the right and permission to use or license the use my name, likeness, voice, image or photograph of me, gathered in connection with this event, in any media or manner for the purpose of promotion. *If this release is for a minor, I confirm that I am the legal parent or guardian of the minor named on this entry to this race. I consent to the foregoing on behalf of such minor and personally join in the affirmance of representations set forth above.

I have read and agree to the above waiver.

Signature (Parent or guardian must sign for participants under 18) _____