



VIKING SNOWSHOE INVASION

5K OR 1 MILE DOWNHILL DASH (CIRCLE ONE)

Age on Race Day _____ Birth Date ____/____/____ Male _____ Female _____

Last Name _____ First Name _____

Street _____ City _____ State _____ Zip _____

Cell _____ Email _____

Payment: Cash _____ Check# _____

Snowshoe Size (if applicable): Men's / Women's / Youth

Emergency Contact: _____
Name Phone Number

Please make checks payable to Vernon Recreation

In consideration of your acceptance in the Viking Snowshoe Invasion 5K & 1 Mile Downhill Dash, I the undersigned, intending to be legally bound, for myself, my heirs, executors and administration, waive and release any and all right and claims for damages, and hold harmless any sponsoring organizations, their representatives or employees for any and all injuries suffered by me in said run/walk. I recognize that I must be in good health and of sufficient training and experience in order to participate, and furthermore, that my ability to participate in and successfully compete in this event has been attested to by a qualified physician or certified fitness consultant. I hereby grant permission to the Vernon Township to use photos that may include myself for promotion and publicity; and understand that if the run/walk cannot be held due to an act of God or circumstances beyond control, the Race/Walk is not liable to refund any money paid by me to participate. With my signature, I acknowledge that I have read and accept these terms under which my entry is made.

Signature (Parent or guardian if under 18)

Date