OFFICIAL ENTRY FORM

NO REFUNDS OR TRANSFERS

One person per entry form. This form may be duplicated.

FIRST NAME

LAST NAME

GENDER

M F AGE ON 8/13/22 BIRTHDATE

T-SHIRT SIZE MO DAY

S M L XL XXL YR

STREET ADDRESS

CITY STATE ZIP CODE

EMAIL (Email required to get pre-race updates)

PHONE NUMBER

RACE DAY EMERGENCY CONTACT

FIRST NAME LAST NAME

EMERGENCY CONTACT PHONE NUMBER

Mail entries to: Schweizer Fest Road Run
621 Main Street
Tell City, IN 47586

Make checks payable to: TC Cross Country Boosters

	check one	
2 Mile Run		
Early entry (postmarked by 8/6/22)		$20
Regular entry (postmarked after 8/6/22)		$25
Family EARLY entry (registering with 3 or more)		$15
6 Mile Run		
Early entry (postmarked by 8/6/22)		$20
Regular entry (postmarked after 8/6/22)		$25
Family EARLY entry (registering with 3 or more)		$15

WAIVER & RELEASE FROM LIABILITY

Warning: Participation in the Schweizer Fest Road Run can be a serious threat to the health of individuals who are not in excellent physical condition. In consideration of you receiving my application, I, intending to be legally bound, do hereby for myself and my heirs, do release forever the Schweizer Fest Committee, and the City of Tell City from any injuries suffered in the Schweizer Fest Road Run on August 13th, 2022. I attest and verify that I have full knowledge of the risks involved in this event, and I am physically fit and sufficiently trained to participate. The undersigned grant full permission to any and all foregoing use to his/her likeness, including photographs and videotapes for publicity and advertising purposes without compensation.

SIGNATURE OF PARTICIPANT DATE

X

SIGNATURE OF PARENT (IF PARTICPANT IS UNDER 18 YEARS OF AGE) DATE

X

PCMH Perry County Memorial Hospital