

Name: _____

Age on Race Day: _____

Sex: M ___ F ___

Address: _____

City: _____

State: _____ Zip: _____

T-Shirt Size:

S ___ M ___ L ___ XL ___

Event ___ 5k
___ 2-Mile Run

Telephone: _____

Emergency Contact: _____

Make check payable to Morrie Miller
Athletic Foundation and mail to:

Morrie Miller 5k
c/o Laura Broadwater
102 E 3rd Street
Winona, MN 55987

Please read and sign waiver:

Being of full age and in consideration of my participation in the Morrie Miller 5k Road Race/ 2-Mile run, I do hereby release and forever discharge the Morrie Miller Athletic Foundation and the town of Winona, MN, their agents, employees and volunteers, along with any other association connected with this event, their representatives, successors and assigns and especially from all claims arising out of any and all personal injuries, damages, expenses and any loss or damage whatsoever resulting or which may result from my participation in the Morrie Miller 5k Road Race/2-Mile Run. In addition, I hereby acknowledge that I recognize the risks involved in my participation in the above event and do hereby state that I assume all risks inherent in the same. I am sufficiently trained and have prepared for this event.

Signature: _____
(signature of parent or guardian if under 18.)

Date: _____



Saturday
September 10, 2011
9:00 A.M.

Run/Walk
Benefiting Winona Area
Youth Athletics