

# 5<sup>TH</sup> Annual Martin Day 5K Blazing Road Race

Saturday, March 31, 2018 - 8:00 a.m.

## Registration Form

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

Gender (circle one) : Male / Female      Age (on race day) : \_\_\_\_\_      Activity (circle one) : Run / Walk

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

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

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

T-shirt Size (circle one) :      Small      Medium      Large      XLarge      XXLarge

**EVENT INFORMATION:** The Martin Volunteer Fire Department is hosting our 5<sup>TH</sup> Annual 5K Blazing Road Race in conjunction with our 5<sup>TH</sup> Annual Martin Day on Saturday, March 31, 2018. Proceeds from the event will go to support the Martin VFD! The raceway will take you from Martin Fire Department down Collinsville-Martin Road to Hand Road, across to Wildcat Road then down Newton-Martin Road where you will cross the finish line back in front of the station. This year's race will be timed by Time2Run. Awards will be given to fastest participants. Fruit and water will be provided for all participants. For more information on this event or becoming a sponsor, please contact: Laura Robinson at (601) 917-2846 or [laura.martinvfd@aol.com](mailto:laura.martinvfd@aol.com).

**RACE FEE:** Early registration \$25 or day of event \$30 (*race shirts are limited and not guaranteed without early registration – Your payment must be received before Friday, March 9, 2018 for shirt guarantee*)

**PAYMENT:** Fee must accompany registration. Make check payable to **Martin Volunteer Fire Department**.  
Mail payment to – Martin VFD, P.O. Box 146, Collinsville, MS 39325.

Please indicate payment method:       Cash       Check # \_\_\_\_\_

Online registration & secure payment with debit/credit card

**EVENT DISCLAIMER:** Please review the following waiver and disclaimer. **By adding your signature, you accept this waiver and disclaimer.** Waiver and Release: By participating in this Event, I do so at my own risk. I assume all risk of injury, illness, damage or loss to me or my property that might result, including without limitation, any loss or theft of personal property. I consent to medical treatment in the event of injury, accident and/or illness during the Event. I agree on behalf of myself (and my personal representatives, heirs, executors, administrators, agents and assigns) to release and discharge the organizers of this Event, its principals, its officers & directors, its employees, all sponsors and their representatives and employees from any and all claims or causes of action (known or unknown) arising out of their negligence. I acknowledge that I have carefully read this 'Waiver and Release' and fully understand that it is a release of liability. By my signature below, I am waiving any right that I may have to bring legal action to assert a claim against any and all Event sponsors for their negligence. I hereby grant full permission to any and all of the foregoing to use my name and likeness in any broadcast, telecast, video or print media reporting or advertising of the Event without compensation. **Only adults may sign this form.**

**I AGREE**      Sign Here: \_\_\_\_\_      Printed Name: \_\_\_\_\_