



# Dia de los Muertos

## Skull Sprint

November 4, 2017 @ 12:00 pm



### REGISTRATION FORM

**Please use one form for each participant.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_

NOTE: We need a registration form with a waiver for each Participant.

### Event Cost and T-Shirts Selected:

\$5	Skull Sprint Participant	S	M	L	XL	YS	YM	YL
\$12	T-Shirt	S	M	L	XL	YS	YM	YL
\$12	T-Shirt	S	M	L	XL	YS	YM	YL
\$12	T-Shirt	S	M	L	XL	YS	YM	YL
\$12	T-Shirt	S	M	L	XL	YS	YM	YL



\$\_\_\_\_\_ **GRAND TOTAL**

**To Pay by Check: Make checks payable to "Sagamore Hills Elementary PTA"**

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Credit Card Info (Circle One):    VISA            MasterCard            AmEx

Name: \_\_\_\_\_ Card #: \_\_\_\_\_

Expiration: \_\_\_\_\_ CCV: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

**No entry will be accepted without a signed waiver.**

**Waiver:** I know that running in a road race is a potentially hazardous activity that could cause injury or death. By my signature, I certify that I am medically able to perform this event and am properly trained. In consideration of this entry, I waive any and all claims for myself and my heirs against the Sagamore Hills Elementary PTA, Sagamore Hills Elementary School, DeKalb County Board of Education, DeKalb County, race officials, sponsors, and volunteers of the Dia de Los Muertos Festival, 5k & Fun Run for injury or illness which may result directly or indirectly from my participation in this event. I assume all risks associated with this event, including but not limited to, weather, traffic, road and path conditions, tunnels, all such risks being known and appreciated by me. I also give permission for the use of my name and/or picture in any account of this event.

Participants with strollers, baby joggers, pets and inline skates must start at the back of the staging area. No motorized vehicles or bicycles allowed on course.

DATE \_\_\_\_\_

PARTICIPANT'S NAME \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_