

Date: September 18th, 2021

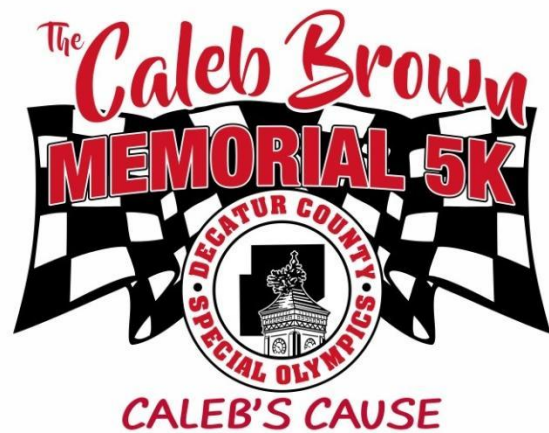
Time: Registration starts 7a.m. Race starts 8 a.m.

Where: 201 N Broadway St, Greensburg, IN 47240 (Gather near Stage)

For more information or to register online
www.stuartroadracing.com/schedule.html

Email: calebscause5k@gmail.com

Check us out on Facebook:
facebook.com/DecaturCountySpecialOlympics/



REGISTRATION

NAME: _____

DATE: _____

CITY/STATE/ZIP: _____

EMAIL: _____ PHONE: _____

AGE: _____ GENDER: _____

ADULT TEE SHIRT SIZE: Small Medium Large XL XXL XXXL

YOUTH TEE SHIRT SIZE: Small (6-8) Medium(10-12) Large (14-16)

SIGN ME UP FOR: 5K Run 5K Walk

****Timing chips will be assigned to all participants of the 5K Run & Walk. Please be sure to turn in your chip at the end of the race.**

Entry Fee: 5K Run/Walk \$25 before 9/12/21 \$30 day on 9/18/21(day of race)

****** PLEASE REGISTER BY 9/12/21 TO BE GUARANTEED A T-SHIRT******

Make checks payable to: Caleb's Cause

Mail to: 101 E Main St Suite 1, Greensburg, IN 47240.

All proceeds benefit Special Olympics.

WAIVER, RELEASE AND INDEMNITY AGREEMENT (Read before signing)

In consideration of acceptance of my entry, I hereby release, discharge, and agree to hold harmless the "Caleb Brown Memorial Run" 5K, Special Olympics of Decatur County, Tree City Fall Festival, City of Greensburg, Decatur County, Special Olympics Indiana, Special Olympics, Inc., any sponsors, officials or organizers of this event and each of them together with their successors, assigns, officers, agents and employees from any and all liability for injuries to property or person suffered by me as a result of my participation in this event. By execution of this waiver, I assume all risks associated with my participation in this event including, but not limited to falls, the effects of weather, traffic, road and trail conditions, and all risks associated with running or walking in an urban setting whether or not such risks are specifically known or appreciated by me. I verify that I am physically fit and have sufficiently trained for this event and that my physical condition has been verified by a licensed medical doctor. I specifically agree that it is not the duty of any of the parties listed above to check, monitor, or evaluate my physical condition for the appropriateness of my participation in this event at any time. I agree to indemnify any of the parties listed above for damages cause by me to any such party or parties and any third parties, by virtue of my participation in this event. I further agree to yield to all emergency vehicles on the course in the event they must treat another participant.

Signature (or Parent's Signature if under 18): _____ **Date:** _____