

The race begins at **10:00 a.m. on Saturday, May 13th, 2017**. Check-in and race day registration will begin at 9:00 a.m. The race will start and finish at the New Rockford Pool.

Participant Information:

Name:		
Address:	T-shirt size: YS YM YL S M	L XL XXL
City, State, Zip:	Pre-registration fee (Before 5/1)	\$20
	Registration (After 5/1)	\$30
Phone:	Ages 12 and under	\$15
Gender: M F Age on race day:		

IN ORDER TO RECEIVE PRE-REGISTRATION PRICING AND A FREE T-SHIRT, please return this form and payment to Carissa Johnson or Miranda Johnson by May 1st. Registrations received after May 1st are not guaranteed a race t-shirt.

Please make checks payable to NR-S SADD. Registration fees are non-refundable and non-transferable.

Waiver of Liability:

I recognize that running a road race is a potentially hazardous activity. I have read the flyer and am familiar with the course, procedures, and rules. I should not enter and run unless I am medically able and properly trained. I also agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running this event including but not limited to: falls, contact with other participants, the effects of weather including extreme temperatures, traffic and the conditions of the road, all such risks known and appreciated by me. Having read this waiver and knowing these facts and in consideration of accepting my entry, I, for myself alone and anyone entitled to act on my behalf, waive and release the organizers of the NR-S SADD 5K Color Run/Walk, its advisor, members, and volunteers, the City of New Rockford, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. Further, I grant permission to any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose, for runners' safety I understand that bicycles, scooters, pets and rollerblades are prohibited.

Participant Signature:	Date:
Parent/Guardian Signature	Date:
(If under 18)	

Return to: Carissa Johnson, 418 1st Ave N, Miranda Johnson, or call 701-302-0777 (Carissa) or 701-771-9917 (Miranda) with any questions!