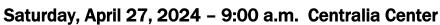


Assumption Catholic Schools

Our Mission: To inspire excellence and personal growth grounded in Catholic principles and tradition

2024 Run the Rapids 5K Run/Walk



Last Name			First Name					
Family Members -	- please list	first nan	ne and age					
Street Address								
O'. Clair 7'.								
City, State, Zip								
Phone			Email (Re	quired)				
Date of Birth (MM/DD/YYYY)			Age		—— Male		Female	_
 K Run - \$10 5K Walk - \$10		-	 Kids					
T-Shirt								
YS	YM	YL	AS	AM	AL	AXL	AXXL	AXXX

CONSENT AND LIABILITY WAIVER (REQUIRED FOR EACH PARTICIPANT)

I hereby absolve and hold harmless Assumption Catholic Schools and the Wood County Human Services, its staff and administration, the Run the Rapids timer (Franklin Finish), sponsors and volunteers from any liability for injuries incurred by me while participating in the Run the Rapids 5K Run/Walk. I further assume full responsibility for my physical fitness and capability to perform under the normal conditions of the race. I further grant permission to this race or agents authorized by them to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any purpose.

Signature REQUIRED FOR EACH PARTICIPANT - Parent signature if participant is under 18 years of age

In the event that the weather or other untoward conditions forces a cancellation of this event, there will be no refund of entry fees.