

CLAY CITY'S 3RD ANNUAL "MAYBERRY CLASSIC"

Clay City, Indiana
GOSHORN PARK
JUNE 28, 2008

Registration: 7:30am Race 8:30am

***Pre-registration must be received by June 19th ***

- 5.0 Kilometer Run with T-Shirt (**Adults**) **\$15.00** (\$20.00 on race day)
 (**Ages 6-14**) **\$10.00** (\$15.00 on race day)
- 5.0 Kilometer Walk with T-Shirt (**Adults**) **\$15.00** (\$20.00 on race day)
 (**Ages 6-14**) **\$10.00** (\$15.00 on race day)
- 1 mile Fun Walk with T-Shirt (**Adults**) **\$15.00** (\$20.00 on race day)
 (**14 yrs and under**) **\$10.00** (\$15.00 on race day)

Last Name: _____ **First Name:** _____

Address: _____

City: _____ **State:** _____

Zip Code: _____ **Sex:** Male Female **Age as of race day** _____

Phone Number: _____ **Date of Birth:** _____

Circle T-Shirt Size: Small Medium Large X-Large 2X 3X

Kids T-Shirt Size: Small Medium Large X-Large

Amount Enclosed _____

PLEASE READ AND SIGN BEFORE SUBMITTING

I _____ understand voluntarily and of my own free will, wish to

Name of participant

participate in the walk/run road race know as the "Mayberry Classic" (hereinafter Race). I understand that the race is a potentially hazardous activity that could cause injury or even death. I am also aware that I should not enter this race unless I am medically able to participate. By signing this waiver, I certify that I am in good health and am properly trained. I assume all risks associated in participating in this race including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic, and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, roller skates or blades, animals, and radio headsets are not allowed in this race. **Strollers can be used in the Fun Walk only.** Having read this waiver and knowing the facts I voluntarily and of my own free will fully release and waive any claims against Union Hospital, Inc. d/b/a Union Hospital Health Group, Clay City Center for Family Medicine, Clay City, and all related sub-entities providers, nurses, trainers, teachers, other employees, agents or representatives from all claims or liabilities of any kind arising out of my participation in this race, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. **NO REFUNDS. T-SHIRTS OR AWARD WILL NOT BE MAILED. PRE-REGISTRATION IS A MUST TO GUARANTEE A T-SHIRT.**

Signature _____ **Date** _____

Parent or legal guardian signature if under 18 years _____

Mail or Fax to Clay City Center for Family Medicine Attn: Lana Taylor, P.O. Box 96, Clay City, IN 47841.
Fax: (812) 939-3414. Mail payment with form. If faxed, must pay on race day prior to race.