

**32<sup>nd</sup> Annual  
Woodbine Crawfish Festival**

**7<sup>TH</sup> Annual  
Doreen Myers 5K  
Walk/Run**



**Time:**  
8:00AM (Race day registration 6:30-7:45)

**Location:**  
Registration and Packet Pick-up  
Woodbine City Hall (4<sup>th</sup> St & Hwy 17)

**Registration Fee:**  
\$20 (postmarked by 3/6/16)  
\$25 (postmarked 3/7/16-4/25/16)  
\$30 on Race Day

**April 29, 2017  
Benefitting the Safe Harbor Children's Advocacy Center**

Forms can be mailed to:  
**Woodbine Citizens Steering Committee**  
Attention: Doreen Myers 5K  
P.O. Box 908  
Woodbine, GA 31569

**Register Online at:**  
[www.woodbinecrawfish.com/5k.html](http://www.woodbinecrawfish.com/5k.html)  
(\$3 convenience fee for online registration)

Please make checks payable to:  
Woodbine Citizens Steering Committee



**Participant Information:**

First Name:

Last Name:

E-Mail:

Cell Phone:    M / F

Date of Birth: \_\_\_\_\_ Age On Race Day: \_\_\_\_\_ Law Enforcement? YES / NO

Tshirt Size: YS YM YL S M L XL XXL Amount Paid: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

**If Participant Is Under 18, Parent or Guardian Information:**

First Name:

Last Name:

Phone:    M / F

*In consideration of you accepting this entry, I, the participant, intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against the PRS Race Timing, LLC, Event Director, RunSignUp.com, Race Promoters, Local Municipalities, and all of their agents assisting with the event, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. By indicating your acceptance, you understand, agree, warrant and covenant as follows: I know that running a race is a potentially hazardous activity which could cause injury or death. I should not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, am in good health, and am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with running in this event, 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 and/or beach, all such risks being known and appreciated by me. I understand that bicycles, skateboards, roller skates or blades, animals and radio headsets are not allowed in the race. I also understand that if this event is canceled or rescheduled for any reason that my entry fee will not be refunded. I grant permission for this event's organizers to take pictures and or videos of me during this event and agree for this event to use any photos or videos of me that may be taken during my participation. I will abide by these guidelines. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Organizers of this event and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above waiver.*

Signature of Participant or Guardian if under 18

Date

Printed Name