

Love Your Library 5K

Name:	Address:			-
Email:				
Phone:	Gender:	\mathbf{M}	F	Age on race day:
Shirt Size (2X, 3X and 4X a	. ,			int paid
VAIVER: I know that running a road race is a point and properly trained. I agree to abide by any deci- isks associated with running in this event, includ including high heat or humidity), traffic and the ead this waiver, I release the City of Ashland, Bo and all sponsors from all claims to liabilities arisin	ision of a race official re ing but not limited to fa conditions of the road, a yd County Public Libra	lative lls, co ll suc ry, O	to my al ntact wit h risks b Such Tri	bility to safely complete the run. I assume all th other participants, the effects of weather being known and appreciated by me. Having i-State Race Planners, race officials. volunteers
Signature:			_ Da	nte:
Parent/Guardiar				