



Participants are encouraged to dress up in Costumes (Please No Zombies) – Prizes for Best Costumes!

October 26, 2019 at 5:00 PM – Check in Begins at 3:30 PM

Pre-Registration: \$25.00 Day of Registration: \$30.00

Please register by October 19, 2019 to guarantee your shirt and medal.

Please send form and payment to:

Lebanon Band Boosters, P.O. Box 206, Lebanon, TN 37088

Please choose: Fun Run/Walk Participant Shirt ONLY

Please choose Shirt Size: Adult Sizes - S M L XL XXL(+\$2) Children's Sizes - YS YM YL

Full Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Emergency Contact: _____ Emergency Phone#: _____

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the Lebanon High School (LHS), LHS Band, and all of their agents assisting with the event, sponsors and their representatives, volunteers 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.

I know that running a race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typically found in running a race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. 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.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

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 release and waiver. Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, video-graphic, or electronic recording of this event for legitimate purposes.

BY INDICATING YOUR ACCEPTANCE OF THIS WAIVER, YOU ARE AFFIRMING THAT YOU HAVE READ AND FULLY UNDERSTOOD ITS TERMS. YOU UNDERSTAND THAT YOU ARE GIVING UP SUBSTANTIAL RIGHTS, INCLUDING THE RIGHT TO SUE. YOU ACKNOWLEDGE THAT YOU ARE SIGNING THIS WAIVER FREELY AND VOLUNTARILY AND INTEND BY YOUR ACCEPTANCE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Printed Name Signature Date

As the Parent and/or Legal Guardian to the child or ward identified above, I represent that I have the legal capacity and authority to act for and on behalf of the named child or ward. I accept and agree to all of the terms and conditions of the above Waiver, and acknowledge that by signing below I bind myself, the child or ward, and any successors in interest to the terms of this Waiver.

Parent/Guardian Printed Name Parent/ Guardian Signature Date

All Proceeds Support Our Lebanon High School Band! Thank you! www.lebanonbandtn.com