

**RACE THE TORTOISE 5K  
REGISTRATION FORM – DAY OF RACE  
SATURDAY, MARCH 2, 2019**

**MAKE CHECK PAYABLE TO:** Friends of O’Leno, Inc.

Ages 14 and younger \$10 All Others \$25

**REGISTRATION FORM (PLEASE PRINT CLEARLY)**

O’Leno State Park Race the Tortoise 5K Sat., March 2, 2019 @ 8:00 a.m.

Name \_\_\_\_\_ Daytime Phone (     ) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_ Gender: M or F Age (on race day): \_\_\_\_\_

T-Shirt Size (circle one): XS S M L XL XXL (limited availability)

I consider myself adequately trained for the O’Leno State Park 5K Run. I do hereby release O’Leno State Park and Friends of O’Leno, Inc., all sponsors, workers, and anyone involved in this race from any liability for accident, injury, illness, or death suffered by me in connection with this race. I attest and verify that I have full knowledge of the risks involved in this event. If I should suffer any accident, injury, or illness, I authorize the officials of the race to use their discretion to have me examined by EMT personnel and, if needed, transported to a medical facility. I will take full responsibility for this action. I have read the above release and understand that I am entering this event at my own risk.

The participant hereby grants the CSO or the Department permission to take and use photographs, audio, video or digital recordings made of the Event for publicity, promotional purposes, or other CSO or Department purposes.

Participant signature \_\_\_\_\_ (Date) \_\_\_\_\_

Parent/guardian signature if participant is under 18 yrs. (Date) \_\_\_\_\_

**PARK USE ONLY**

**BIB NO.** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

PAID \$ \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_

T-Shirt: Yes No \_\_\_\_\_