

# Robert Lasso Memorial 5k Run/Walk Registration Form

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP \_\_\_\_\_

T Shirt size - XL L M S

Check one RUN: \_\_\_\_\_ WALKER: \_\_\_\_\_

**WAIVER:** I know that running a road race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I assume all risks associated with running this event. Having read this waiver and knowing these facts and in consideration of your accepting my entry fee, I, for myself, and anyone entitled to act on my behalf, waive and release the Bethlehem Police Department Running Club, the City of Bethlehem, The Parks and Recreation Board, and all sponsors, their representatives and successors, for all claims or liabilities of any kind arising out of my participation in this event.

\_\_\_\_\_

\_\_\_\_\_  
Signature (Parent's Signature If under 18) Date