



Please print clearly so we can enter your information correctly

Make check payable to: Day One 5K. (\$35 adults, \$22 students, \$15 youth race)

First Name: _____ **Last Name:** _____

Participating in 5K (starting at 10 AM) _____ **Youth Race (.25 miles, starting at 9 AM)**

Age on Race Day _____ **Gender** _____

Street: _____

City: _____ **State:** _____ **Zip code:** _____

Email: _____

Phone: _____

Waiver: In consideration of the acceptance of this entry. I hereby for myself, heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the Day One 5K and its respective, parents, subsidiaries, affiliates, successors and assigns, the City of Providence, USATF, sponsors, race officials, organizers and volunteers associates with this event for any injury that may occur as a result of my participation in this event. Further, I agree that any pictures or photographs taken of me by the Day One 5K or their respective agents, in connection with this event are owned by the Day One 5K, and I waive all rights to inspect or approve the final product. I hereby irrevocably grant to the Day One 5K or their respective assigns, the right and permission to use or license the use my name, likeness, voice, image or photograph of me, gathered in connection with this event, in any media or manner for the purpose of promotion of the Day One 5K and their events and programs, including this event. *If this release is for a minor, I confirm that I am the legal parent or guardian of the minor named on this entry to this race. I consent to the foregoing on behalf of such minor and personally join in the affirmance of representations set forth above.

I have read and agree to the above waiver.

Signature *(Parent or guardian must sign for participation under 18)* _____