



Memekwee 5k

September 15th, 2012

Registration @ 6

Race Starts @ 7

First Name: _____ Last Name : _____

Gender: M F Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: : _____

Email : _____

Age Group (Circle One): 14 & Under 15-20 21-30

31-40 41-50 51-60 61 & Up

T-shirt Size (Adult Size): Small Medium Large X-Large XX-Large

WAIVER AND RELEASE STATEMENT:

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 registration I, for myself, and anyone entitled to act on my behalf, waive and release Eastern Shawnee Wellness Center, City, and all sponsors, their representatives and successors, for all claims or liabilities of any kind arising out of my participation in this event.

Signature of Participant (Parent/Guardian is entrant is under 18)

Date

Please fill out and return by Sept. 5th to:

Eastern Shawnee Wellness Center

10135 S Bluejacket Rd

Wyandotte, OK 74370

Phone: (918)-666-5220 Fax: (918)-666-5225