



# Cary Shuffle 5K Registration

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age on Race Day \_\_\_\_\_

Rollerblades, bikes, scooters and pets are prohibited. Baby joggers are welcome at the event.

*Please check the appropriate selection:*

\_\_\_\_\_ \$25 Adult 5K      \_\_\_\_\_ \$15 Children 18 & under 5K

**Make Checks  
Payable to the  
“Cary 26 Education  
Foundation”**

**Waiver and Release**

In consideration of the foregoing, I, for myself, my heirs, executors, administrators, personal representatives, dependents, successors and assigns, waive and release any and all rights, claims and courses of action I have or may have against Cary Shuffle, its Primary Sponsor, Cary 26 Education Foundation and its affiliates, their agents, employees, officers, directors, volunteers, successors and assigns, the Village of Cary, Cary School District 26, and any and all sponsors, their representatives and successors, that may arise as a result of my participation in The Event and any pre- and post- event activities. I attest and verify that I am over 18 years of age, am physically fit, and have sufficiently trained for the completion of this event and that a licensed medical doctor has verified my physical condition. I also extend this release and attestation to include any and all minor children or dependents for which I am responsible that participate in The Event and any pre- and post- event activities. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose including commercial advertising.

I acknowledge and agree that I have carefully read this Waiver and Release and fully understand and agree that it is a waiver and release of liability.

Applicant's Signature \_\_\_\_\_

Name (printed) \_\_\_\_\_ Date \_\_\_\_\_

**If under 18 years of age, signature of parent or legal guardian is required.**

Signature of Parent/Legal Guardian \_\_\_\_\_

Name (printed) \_\_\_\_\_ Date \_\_\_\_\_

For use by Cary Shuffle 5K Official Only

Payment		Bib Number	
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