

Constantine Celebration Race
Saturday, July 5, 2003
8:00 A.M.
1 Mile OR 5 K
Registration

Last Name _____ First _____ Sex: M F

Race day age _____ Birthdate _____

Address _____

City, State, Zip _____

Phone _____

Waiver: (MUST BE SIGNED): In consideration of the foregoing, I, for myself, my heirs, executors, and administrator waive and release any and all rights and claims for damages I may have against Constantine Village, Constantine Public Schools, The Cross Country Team, and any sponsors, or organizers of this event for any and all claims for damages, demands, actions, whatsoever which may arise as a result of my participation in this event. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event.

Signature

Date

Parent's signature
(Required if under age 18)

\$5.00 child

\$10.00 adult

*Bring this with you to the race
or fill one out at the start line.*

T shirt included. Look for signs on 131 at Sixth St & Canaris
Proceeds go to the Constantine Cross Country Team. Thank you!