

# EC Jr. Post Prom Homecoming Hustle

## Color 5k

### Run/Walk

### Sunday, September 23<sup>rd</sup>

Community Dreams Field

Check-in begins at 7am

First waive starts at 8am

New waive every 10 minutes

Registration by September 3<sup>rd</sup> - \$30

Late registration \$35

**Shirt included**

Name: \_\_\_\_\_ Sex: M or F Age: \_\_\_\_\_

Phone: \_\_\_\_\_ email address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Shirt Size: YL S M L XL XXL

\* Registration after Sept. 3rd shirt sizes may be limited

Release of Liability and sign back of form.

Registration and checks payable to EC Post Prom can be mailed to:

EC Post Prom  
c/o Jess Aulwes  
PO Box 122  
Edgewood, IA 52042  
563-880-0370

In consideration for being accepted by EC Junior Post Prom, Edgewood-Colesburg CSD and the City of Edgewood, IA for participation in Homecoming Hustle Color 5k. I, being 18 years of age or older, do for myself or for my child-participant if said child is not 18 years of age or older, do hereby release forever and all liability claims or demands for personal injury, sickness or death as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned or the child-participant that occur while participating in the above described activity. Furthermore, I for myself and on behalf of my child-participant if under 18 years hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participating in recreation activities involved. The undersigned further hereby agree to hold harmless and indemnify, said organizations, its members, officers, directors, servants and employees for any liability sustained, as a result of the negligent, willful or intentional acts of said participant including expenses incurred attendant thereto. I, the parent or legal guardian of this participant and hereby grant permission for him/her to participate fully in said activity and hereby grant permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment and assume responsibility of all medical bills, if any.

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Participant's Signature

Date

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Parent/Guardian Signature (required if participant is under 18 years of age)

Date