

DUBLIN SNOWFLAKE RUN 5K ENTRY FORM

(please print and complete all fields)

First Name _____ Last Name _____

Address _____

City _____ State _____

Zip _____

E-Mail Address _____

Male _____ Female _____ Age on 12/14 _____

I am a (circle one): RUNNER WALKER

Shirt Size (long sleeve technical shirt): S M L XL

ENTRY FEE: 5K: \$29 RACE DAY \$35

McDonald's Kids Run: \$10 (kids must pre-register)

ONLINE REGISTRATION: www.ultrafit-usa.com

RACE DAY REGISTRATION: Dublin Community Center at
7:30am.

Make checks payable to and mail with completed entry(s) to:
ULTRAFITUSA, PO BOX 629, HILLIARD OH 43026

Race Waiver: (Please read carefully) In return for acceptance of my entry fee in this event, I, for my executor, administrators and assigns, hereby release and discharge ULTRAFIT/USA, City of Dublin, any and all sponsors associated with the race, their agents and employees for any and all claims for damages, actions, demands, and injuries arising out of my participation in this event. I have full knowledge of all risks involved in participating in the run and state that I am physically fit and sufficiently trained to participate in it.

SIGNATURE _____ DATE _____

GUARDIAN SIGNATURE (If race participant is under the age of 18)

