



# METH ALLIANCE of PAULDING

MARCH AGAINST METH  
June 19, 2010

## Participant Information (Please print)

Name	
Address	
City	
State	
ZIP Code	
Telephone (home)	
E-Mail	
Make checks payable to:	Meth Alliance of Paulding      \$20 before June 1,      \$25 after June 1
Please circle the event For which you are registering	5K RUN      10K RUN      5K Walk      Paws Walk
	12 and under participants \$15 before June 1, \$20 after June 1

## T Shirt Information (all sizes are adult sizes)

T Shirt Size:    \_\_\_S    \_\_\_M    \_\_\_L    \_\_\_XL    \_\_\_XXL

## Waiver:

I understand that participating in the March Against Meth on June 19, 2010, includes an element of risk to both myself and any other person with me. I shall not enter unless I am medically able and properly trained. I also know that, even though police protection will be provided, there may be traffic or other hazards on the course. I expressly assume any and all risks associated with participation in this event but not limited to falls, traffic, contact with another participant, the effects of the weather and condition of the Silver Comet Trail. In consideration of acceptance of this entry, I, the undersigned, do waive any and all claims for myself and my heir, my executors, administrators or anyone else who might claim on my behalf, covent not to sue, waive, release and discharge the Meth Alliance of Paulding and all its directors and its members, any sponsors or vendors, and all officials of this March from any and all kinds of claims of liability for death, personal injury or property damage of any kind. This release and waiver extends to all claims of every kind of nature whatsoever, foreseen or unforeseen, known or unknown. I agree that the March Against Meth officials have the right to remove me from the March if they are of the opinion it is in my best interest or the best interest of others. I further grant permission to this March or agents authorized by them to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any purpose. I have read the foregoing and certify my agreement by my signature below.

**Warning:** I understand that the high heat and/or humidity can be extremely dangerous. I will not overexert myself under these conditions.

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Signature of participant (Entry not valid unless signed)

and Date of Birth if under age 18

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Signature of Parent or Legal Guardian if under 18