



# 2024 DOGWOOD DAYS/ SOLAR ECLIPSE 5K

Saturday, April 6, 2024 @ 8:00 am

Registration will begin at 7:30 at the PSO building

Participants registering by March 29, 2024 will receive an Eclipse t-shirt.

Registration fee by 3/29/2024 \$25.00 after \$30.00

(make checks payable to Idabel Chamber of Commerce)

Participant Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

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

Shirt Size (please circle) YS, YM, YL, AS, AM, AL, AXL, A2XL, A3XL

Emergency Contact: Name \_\_\_\_\_ Number \_\_\_\_\_

## Waiver Release

I, individually, (and/or as parent, and/or guardian of named minor) for and in consideration of acceptance of this entity in the aforementioned event, do hereby release, remise, waive, and forever discharge Idabel Chamber of Commerce and the City of Idabel and any and all other supporting groups and/or sponsors of this said race event, together with all their officers, agents, officials and employees, from any and all liability, claims, demands, actions, or causes of action whatsoever arising out of, or relating to any injury, illness, loss or damage, including death, relating to participation in the aforesaid event. I further state I am in proper physical condition to participate in this event. I further grant permission to this race and organization conducting the race to use photographs, video, and recordings and any other record of this event for any purpose. I also agree that all entry fees are non-refundable and that this event is non-transferable.

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

(Parent/Guardian if participant is under 18)