

# AST Diabetes and Wellness

# 5K Water Gun RUN

Saturday, July 19th, 2014 **9:00 a.m.** Registration at 8:00 a.m.



Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ Age on race day: \_\_\_\_\_ Male:  Female:  **5K RUN** or **1 Mile Fun Run**

Waiver: In consideration of the acceptance of this entry I waive all claims for myself and my heirs against the sponsors, cooperating and coordinating groups and any individuals associated with this event and will hold them harmless for any and all injuries which may result from my participation. I hereby give my permission to the media to use my name and photograph in the AST newsletter without limitation or obligation. I certify that I am physically fit for this event and understand the risks involved by participating in this event.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date