

Putnam County Law Enforcement Memorial 5K Run/Walk

www.pcleo5k.com

Saturday May 11, 2019

Start Location: Robe Ann Park 405 South Bloomington Street, Greencastle, IN

Registration: 8:00am-9:30am **Race Starts at 10:00am** (This is a chip timed race)

Lunch will be served after the race with awards ceremony to follow.

Send completed registration form and payment to:
Putnam County FOP

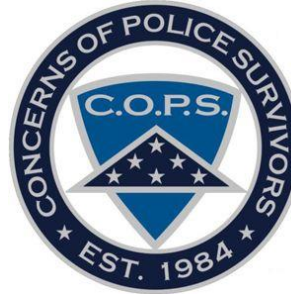
P.O. Box 934, Greencastle In 46135

Pre-Registration fees: \$20.00 includes event t-shirt due by April 30th

Registration beginning May 1st is \$25.00

Shirts are not guaranteed the day of the event for walk-up registrations.

All proceeds from the race will be donated to the Indiana Chapter of Concerns of Police Survivors.



T-Shirt Size: ___ Small ___ Medium ___ Large ___ X-Large ___ 2XL

CHECK ONE: 5K RUN: 5K WALK: CHECK ONE: MALE: FEMALE:

Last Name _____ First Name _____ Age _____

Address _____ City _____ St _____

Zip Code _____ Email: _____ @ _____

Phone Number (_____) _____ - _____

Please read and sign below:

I know that running a road race is a potentially hazardous activity that could cause injury or death. I should not enter and run unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, am in good health, and am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risk associated with running in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or blades, animals, and radio headsets are not allowed in the race and I will abide by this guideline. Having read this waiver and knowing these facts, and in consideration of your acceptance of my entry, I for myself and anyone entitled to act on my behalf, waive and release the DePauw University Board of Trustees and the Putnam County Fraternal Order of Police Inc, its officers and employees, all sponsors, their representatives and successors, from all claims or liabilities of any kind arising out of my participation in this event. Even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. No refunds.

Signature: _____ Date: _____