

ASSIGNED BIB # _____

SWEET DREAMS 5K RACE REGISTRATION FORM

Saturday, June 1, 2019

Note: Race is held at **Schneider Community Park** NOT Stuarts Daft Park.
Schneider Community Park address: 81 Wayne Avenue, Stuarts Draft, VA 24477

General Information: You must register to participate in the Sweet Dreams 5K race, which is free of charge. Awards will be provided to winners in each division after the completion of the Sweet Dreams 5K event. **Pre-registration is not required, but will be accepted until Wednesday, May 29. The first 100 registrants with a COMPLETE form will receive a free t-shirt. Race day registration will take place at Schneider Park from 6 a.m. – 7 a.m. Race begins at 7:30 a.m. Send complete forms to sweetdreamsfestival5k@gmail.com or mail to Sweet Dreams Inc., PO Box 590, Verona, VA 24482.**

We will try to post Race Results on www.sweetdreamsday.com by Friday, June 7. *

Participant's Name: _____

Address: _____

E-mail address: _____

Phone #: _____ Birthdate: _____ Age: _____

Check T-shirt Size: S M L XL

Check Division:

Girls Pre-teen	Women's 40 +	Boys Pre-teen	Men's 40 +
Girls 13-18	Women's 60 +	Boys 13-18	Men's 60 +
Women's 19-39		Men's 19-39	

Release, Indemnification and Hold Harmless: As a participant/ parent(s)/guardian(s) of the individual registered above, in consideration of allowing the participant to engage in the said program, we hereby **FOREVER RELEASE AND GIVE UP** all claims against Augusta County, Augusta County Parks and Recreation and Sweet Dreams, Inc., including its directors, officers, sponsors, employees and any volunteers of any nature for injuries or other damages of any kind, whether direct, indirect, or derivative, that may in any way be connected with or related to application for participation in this program. The participant/ parent(s)/guardian(s) further agree that to the fullest extent of the law they will **INDEMNIFY, DEFEND AND HOLD HARMLESS** Augusta County, Augusta County Parks and Recreation and Sweet Dreams, Inc., as well as its directors, officers, sponsors, employees and any volunteers as to any claims of any nature whatsoever or in any way connected with or related to the participants in this activity.

If only one participant/parent/guardian signs this form it shall be represented that he/she signs on the behalf of the other parent/guardian with full authority. It is understood that Augusta County, Augusta County Parks and Recreation and Sweet Dreams, Inc. has the right to rely upon this authority and upon all other matters contained in this form.

Sign here if electronic application

By checking this box and typing my name below I acknowledge that I understand and hereby agree that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

First and Last Name of Participant or Parent/Guardian (if under 18)

Date

Sign here if printed application.

Signature of Participant or Parent/Guardian (if under 18)

Date