

Sassafras River Association
5k Walk/Run for the River Keeper Registration

Name _____

Street _____

City _____ State _____ Zip _____

Phone _____

Email _____

Age _____ 5k participant _____ Fun Run/Walk _____

T-shirt size (circle one) Adult XXL XL L M S

\$15 per participant
Amount Enclosed \$ _____

Make Checks payable to Sassafras River Association

I certify that I suffer no conditions likely to cause me injury or illness from participation in this event. I waive and release any and all rights I may have against the sponsors, their agents, employees, tenants, volunteers, and the town of Galena for damages, injuries or losses I may suffer as a result of this event.

Signed _____

Date _____

Parent or Guardian Signature (if 17 or under)

Signed _____

For any additional information contact John Burke at jburke@dmv.com

