

OFFICIAL ENTRY FORM

Please make checks payable to
Children's Hunger Alliance
and send to:

Panerathon 5K
c/o Premier Sports
401 Charmel Place
Columbus, Ohio 43235



Age on race day: _____ Sex: Male Female

Last Name: _____

First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

eMail: _____

T-shirt: S M L XL XXL

TEAM REGISTRATION

Team Name: _____

Must include registration form for all team entrants

Waiver: I agree that by participating in this physical activity, or Event (Panerathon) or use of any Event facility/premises, I do so at my own risk. I assume all risk of injury, illness, damage or loss to me or my property that might result, including without limitation, any loss or theft of personal property. I consent to medical treatment in the event of injury, accident and/or illness during the Event. I agree on behalf of myself (and my personal representatives, heirs, executors, administrators, agents and assigns) to release and discharge Children's Hunger Alliance and any and all sponsors from any and all claims or causes of action (known or unknown) arising out of negligence. I acknowledge that I have carefully read this Waiver and Release and fully understand that it is a release of liability. By my signature below, I am waiving any rights that I may have to bring legal action to assert a claim against any and all Event sponsors for their negligence. Signing of this waiver constitutes permission to use participant's likeness, without compensation, for advertising and publicity associated with the Panerathon, unless prohibited by law. I will additionally permit the free use of my name and picture in broadcasting, telecasts, et cetera, in perpetuity.

Signature (parent/guardian if under 18)

Date