

**Please return to**: Dylann’s Dash PO Box 264 St Bonifacius, MN 55375

**Please make checks payable to:** *Dylann’s Dash*

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age on Race day**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check one** 5K Run\_\_\_\_\_\_\_\_\_\_\_($25) 5K Walk\_\_\_\_\_\_\_\_\_\_ ($25) 1/3 mile kids run \_\_\_\_\_\_\_\_\_($15)

**T-shirt size adult** small\_\_\_\_\_\_\_\_ medium\_\_\_\_\_\_\_\_\_ large\_\_\_\_\_\_\_\_\_ x-large\_\_\_\_\_\_\_\_

xx-large \_\_\_\_\_\_\_\_\_

**T-shirt size kid** small*\_\_\_\_\_\_\_\_* medium\_\_\_\_\_\_\_\_\_ large\_\_\_\_\_\_\_\_\_\_

**Email address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Payment included***:*

# of 5K participants \_\_\_\_\_\_\_x $25 + # of kids dash participants \_\_\_\_\_\_\_\_ x$15 = \_\_\_\_\_\_\_\_\_

*In consideration of acceptance of this entry, I hereby for myself, my heirs, executors, and administrators, waive the release, any and all claims for damage or injury I may have against Dylann’s Dash the Race directors and committee, any and all sponsors of the event, and AMCSI (arthrogryposis multiplex congenital support incorporated). I further certify that I am physically fit enough for the event I have registered and do so on my own free will.*

**Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature** (if under 18 years of age)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_