

4TH ANNUAL BEN LAYTON MEMORIAL
5K RUN/WALK ENTRY FORM

5K RUN 5K WALK 2K FUN WALK

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Age _____ On Race Day

Email _____

Shirt Size (available to first 200 registrants)

Y S M L XL

In consideration of the acceptance of my entry, I myself, my successors in interest, heirs, assigns, and representatives do hereby fully release and agree to hold harmless the Ben Layton Memorial 5K Run/Walk(the "Event") and its organizers, the Leukemia and Lymphoma Society, the City of Salisbury, and Event sponsors. Of all liability, claims, damages, demands, actions, and cause of action, whatsoever in any manner arising out of my participation in the Event.

I attest and verify that I have full knowledge of the risk involved in this Event;and that I am physically fit, have not been otherwise informed by any physician, and know of no restrictions imposed on me by my own physician that would in any way prevent me from participating in the Event. I understand that by signing this release I am giving up substantial legal rights, including the right to sue the parties as stated above for any and all injuries which I may incur or as a result of the Event. I also grant full permission for the free use of my name and quotations, picture, and/or voice in any broadcast, telecast, print account, or any other account in any medium of this Event.

Signature(Parent/Guardian if entrant is under 18)

Date _____

WAIVER MUST BE SIGNED. NO REFUNDS.

\$ _____ Registration Fee
(Adults \$25, after 4/10 \$30, 18 & under \$15)

\$ _____ Additional Dinners for Guests(\$10 ea)

\$ _____ "Blood Drop" Donation (\$10 ea)

\$ _____ TOTAL

in memory/in honor of

**Please make your check payable to:
"Ben Layton Memorial 5k Run/Walk",
PO BOX 1076, Salisbury, MD 21802**

* Blood Drop donation checks may be made payable to
"The Leukemia and Lymphoma Society"

**THANK YOU FOR YOUR PARTICIPATION!
ENJOY THE EVENT!**

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