

**Oregon Trail Days  
Don Childs, Jr. Memorial  
Five Mile Run  
Friday, July 16, 2010  
8:00 a.m.**

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

**Age** \_\_\_\_\_ **Sex:** M F

**City** \_\_\_\_\_ **State** \_\_\_\_\_

**Registration Fee of \$10 (Includes T-Shirt)**

**WAIVER OF LIABILITY** I know that participating in this running/walking event is a potentially hazardous activity. I agree not to enter and participate unless I am medically able. I am voluntarily assuming all risks associated with participating in this running/walking event including but not limited to falls, contact with other participants, spectators or others, the effects of weather, traffic and conditions of the course, all risks being known and appreciated by me. Having read this Waiver of Liability and knowing these facts, and in consideration of your acceptance of this application, I, for myself and anyone entitled to act on my behalf, waive and release the organizers, officials, volunteers, sponsors and employees of the Oregon Trail Days Committee and the City of Gering, from all claims or liabilities of any kind arising out of my participation in this event.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
If under 19,  
signature of parent or guardian