



ENTRY FORM



Alicia Cooper Memorial Walk/5K Run

SATURDAY, OCTOBER 6, 2012

LAST NAME: _____

FIRST NAME: _____ AGE: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE _____ SEX: M / F SHIRT SIZE: S M L XL

E-MAIL _____

(E-mail address needed for finish line photos)

ENTRY FEES

\$15.00 before Sept. 22

\$20.00 day of walk/run

Entry Fee \$ _____

Donation \$ _____

Total \$ _____

You may sign up at www.aliciacooper.org and pay via Paypal or return this sheet with a check payable to Alicia Cooper Memorial Fund.

Mail check and entry form to:

Alicia Cooper Memorial, P.O. Box 442, New Philadelphia, OH 44663

Also forms can be dropped off at either Geib location:

Geib Funeral Center, 5600 N. Wooster Ave., Dover

Linn-Hert-Geib Funeral Home, 116 2nd Street NE, New Philadelphia

Waiver: I, the undersigned, realize that running a road race is a potentially hazardous activity. I should either not enter and run unless I am medically able and properly trained. I agree to abide by any decisions of a race official relative to me safely completing the event. Having read this waiver, and in consideration for you accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Alicia Cooper Memorial Fund, their directors, organizers, and all sponsors and representatives and successors from all claims of liability of any kind arising out of my participation in the event. I hereby grant full permission to any or all of the foregoing to use any photographs, video tapes, motion pictures, recording, or any other record of this event for any legitimate purpose. All race entries are non-refundable. We reserve the right to reject entries.

SIGNATURE IS REQUIRED

PARENT'S OR GUARDIAN'S SIGNATURE IF PARTICIPANT IS UNDER AGE 18

5K Run

2 Mile Walk