



**First Annual *Friends* 5K Run/Walk**  
**Saturday, Sept. 19, 2015**

**Race Location:** Cherokee Park

**Proceeds:** Benefit the Friends of the U of L School of Music

**Entry Cost information:** \$25.

**Make Checks to:** Friends of the School of Music. Mail to: P.O. Box 7405, Louisville, KY 40257-0405

**Contact:** Reggie Garcia 502-432-8673. Email: [UofLFOSM@aol.com](mailto:UofLFOSM@aol.com)

**Race Coordinator:** River City Races

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**RACE ENTRY FORM PLEASE PRINT**

Name \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

SHIRT SIZE (circle One)    S        M        L        XL        NONE

Name of affiliated Club or Team \_\_\_\_\_

**Waiver (MUST BE SIGNED)**

In consideration of your accepting this entry, I, the below signed, intending to be legally bound, for myself, my heirs, my executors and administrators, waive and release and any all rights and claims for damages I may have against the race, and sponsors and their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest that I will participate in this event as a footrace, that I am physically fit and sufficiently trained for the completion of this event. Furthermore, I hereby grant full permission to use my name and likeness, as well as any photographs and any record of this event in which I may appear for any legitimate purpose, including advertising and promotion. I understand that no refunds will be issued.

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

**Parent or Guardian if under 18** \_\_\_\_\_