

# 2024 5K ZOMBIE RUN REGISTRATION FORM

## CARNEY PARK – OCTOBER 26, 2024 AT 3:30 P.M.

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

### ZOMBIE RUN T-SHIRTS

\*AS WE RECEIVE THE REGISTRATION FORM, IF AVAILABLE, T-SHIRT/S WILL BE SET ASIDE - TO BE PICKED UP AT THE SIGN TABLE ON THE DAY OF RACE – OCTOBER 26, 2-3:15 P.M. AT CARNEY PARK – FIELD #1

YOUTH XS	<input type="checkbox"/>	YOUTH SMALL	<input type="checkbox"/>
YOUTH M	<input type="checkbox"/>	YOUTH LARGE	<input type="checkbox"/>
YOUTH XLGE	<input type="checkbox"/>	ADULT SMALL	<input type="checkbox"/>
ADULT MED	<input type="checkbox"/>	ADULT LARGE	<input type="checkbox"/>
ADULT XL	<input type="checkbox"/>	ADULT XXLGE	<input type="checkbox"/>

### WAIVER\* PARENTS PLEASE READ AND SIGN BELOW

I know that running a race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in the CYP 5K ZOMBIE RUN including but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, traffic and the conditions of the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled on my behalf, waive and release CYP 5K ZOMBIE RUN officials, Event organizers, and their representatives and successors from all claims and liabilities of any kind arising out of participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recording, or any other record of this event for legitimate purposes. **\*\*All participants are subject to social media exposure, printing and reproduction of images for advertising purposes.\*\***

PRINTED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



Email completed form to [NaplesYSF@us.navy.mil](mailto:NaplesYSF@us.navy.mil).