



Live Well Clover

Be Active • Eat Well • Live Strong

5K RUN/WALK APRIL 27, 2019

PRE-REGISTRATION FEE: \$25

DAY OF EVENT: \$30

This event will be held rain or shine. No refunds.

REGISTER ONLINE
WWW.RACESONLINE.COM

Location

**1st Baptist Church
117 S. Main Street, Clover**

Time

**Registration begins at 7:30 am
Race begins at 8:30 am**

Race Route

**1st Baptist Church to
Larne Elementary**

REGISTRATION FORM

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____ AGE: _____ GENDER: _____

T-shirt Size S M L XL 2XL

Must register by April 15 to be guaranteed a t-shirt!

I recognize that the activity for which I am registering myself and/or my child involves a risk of injury or death as does any athletic activity. I assume all risks of injury or death associated with participation in this event. I waive and release any and all rights and claims for injury, damages, costs and expenses that I and/or my child may have resulting from participation in this event, and agree to release and hold harmless the Town of Clover, other event sponsors, their employees and volunteers from any and all claims, actions, demands or liability for death, injuries, damages, costs and expenses suffered by me and/or my child while participating in this event unless caused by gross negligence of the Town or other event sponsors.

I have read, understand, and agree to the terms above. By signing, I agree to be bound by the above waiver and release and hold harmless agreement. The signing of this agreement is a condition of participation in the Event described above.

Participant or Parent/Guardian if under 18 Signature

_____ Date: _____

Submit registration form and fee (\$25 prior to race/\$30 day of race) to Town of Clover:

By Mail: PO Box 1060, Clover, SC, 29710 In Person: Clover Recreation, 120 Bethel Street, or Town Hall, 116 Bethel Street

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND
HOLD HARMLESS AGREEMENT**

Event Name: **LIVE WELL CLOVER 5K RUN/WALK**

Event Dates: **Saturday, April 27, 2019**

Event Sponsors: **Live Well Clover and Town of Clover**

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Participant Name: _____

Participant Signature: _____

*Parent/Guardian signature for participants under 18 years.

Date: _____

I authorize the event organizers to utilize any photograph of my participation in the event for any and all purposes. OPTIONAL _____initial