



The Amazing CultuRace Registration Form

Wilson Elementary, Owatonna, MN 55060
September 22, 2018 – 9:00 am start time
Registration Deadline 9/8/2018

Team Member #1

Last Name _____ First Name _____

Birthdate _____ Gender M F Contact number (____) _____

Street Address _____

City, State, Zip Code _____

Email Address _____

Emergency Contact and Phone Number _____

Food Allergy Y N If Yes list allergy _____ Shirt Size (adult) S M L XL XXL

Team Member #2

Last Name _____ First Name _____

Birthdate _____ Gender M F Contact number (____) _____

Street Address _____

City, State, Zip Code _____

Email Address _____

Emergency Contact and Phone Number _____

Food Allergy Y N If Yes list allergy _____ Shirt Size (adult) S M L XL XXL

In consideration of the acceptance of my entry, I, the undersigned, intending to legally bound myself, my Heirs, Executors, and Administrators, do hereby release any and all sponsors of this race, and their representatives, successors, and assigns, from any and all liability arising for illness or injuries I may suffer as a result of my participation in this race. I attest and verify that I am physically fit and have sufficiently trained for this race. I also understand and agree that any sponsor may subsequently use for publicity and/or promotional purposes my name and/or photographs, videotapes, motion pictures and recordings of my participation in this event without obligation or liability to me. I have read the foregoing and certify my agreement by signature below.

Charity Choice _____

Team Member #1 Signature _____ Date _____

Team Member #2 Signature _____ Date _____

eMail completed form to: CultuRace2014@gmail.com

or post mail to: CultuRace PO Box 1015, Owatonna, MN 55060