Entry Form for 2nd Annual PDA Eagle Run
May 20, 2017

Please Make Check Payable to: **Pee Dee Academy**
Mail to: Pee Dee Academy c/o Karen Coleman Eagle Run 4348 Pee Dee School Road Marion SC 29571

Event: (circle one): 5K Run 5K Walk 10K Run

Age _____ Sex: Male Female Birthdate_____

First Name_____ Last Name_____

Address_____

City_____ State_____ Zip_____ Cell Phone_____

E-Mail_____ School_____

T-Shirt: S M L XL XX

RELEASE WAIVER: In consideration of the foregoing, I, myself, my heirs, executors and administrators, hereby waive and release RMS, Pee Dee Academy, City of Marion, Event Sponsors, and any and all of its members, affiliates, officers and individuals in connection with the Pee Dee Academy Eagle Run above mentioned display from any responsibility whatsoever for any and all claims, damages, actions, liability and expense in connection with loss of life, personal injury, and/or damages to property which may occur as a result of my participation in said road race or walk, including, but not limited to any injuries I might suffer during this event. I acknowledge that I am aware of the inherent risks in participating in any athletic event of this type. I attest and verify that I am physically fit and have sufficiently trained for the completion of the event and my physical condition has been verified by a licensed medical doctor. I hereby give my consent for the use of videotaping or photography of myself or child during this event. I understand that the entry fee is non-refundable.

Signature _____ Date_____

Signature of Parent _____
(Parents Signature if under 18 years of age)