Quincy’s Quest Registration Form

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

Age (Race day): \_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

T-shirt Size (circle one):

S M L XL 2XL

Youth Sizes Available by request

Race (circle one):

5K Run / Walk Team (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Waiver: In submitting this entry, I, intending to be legally bound for myself, my heirs, executors, and administrators, waive, release and forever discharge the Sims, Shawnee State Park, Ronald McDonald House, CHASA, and all event sponsors, event volunteers, directors, agents, successors and/or assigns for any and all injuries suffered by me at this event. I attest that I am physically fit and prepared for this event. I understand I may be photographed and agree to allow my photo, video, or film likeness to be used for legitimate purpose by any of the aforementioned parties.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian if under 18

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALL PARTICIPANTS MUST COMPLETE A FORM

Make Checks Payable to QUINCY’S QUEST

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Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

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