

# USA 5 km Race Walk Championships

## ENTRY FORM

(PLEASE PRINT)

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
SEX: \_\_\_M\_\_\_ F \_\_\_ AGE ON 10/04/08 \_\_\_\_\_ BIRTHDAY (MM DD YY) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ SHIRT SIZE: S M L XL XXL \_\_\_\_\_  
USATF MEMBERSHIP #: \_\_\_\_\_ OFFICIAL USE (RACE #): \_\_\_\_\_

I hereby wave all claims for myself, my heirs and executors against the Americourt USATF 5k Racewalking championship; its sponsors, agents and employees for any claims and liabilities, which may result from my participation. I assume all risks associated with participating in the Americourt USATF 5k Racewalk Championship, but not limited to, falls, contact with other participants, the effects of the weather and conditions of the course, all such risks being known and appreciated by me. I further state that I am physically able to compete in my registered event.

Participant's Signature: \_\_\_\_\_

Make check payable to: **Kingsport's American Way Race Walk**

Mail check to: **Bank of Tennessee  
P.O. Box 4980  
Johnson City, TN 37602  
Attn: Renee Kleineick**

Registration Fee \$ **25.00** \_\_\_\_\_

Total for Lunch @ \$13.00 ea \_\_\_\_\_

Total Fee \$ \_\_\_\_\_