



Celebrate Waukee 5K Registration Form

Location: Waukee-Downtown Triangle

5K Start Time: 9:00 AM

Participant Name _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Home Phone _____ Cell Phone _____

Emergency Name _____ Emergency Phone _____

Email Address _____

Special Medical Attention: _____

CONSENT AND INDEMNIFICATION:

I/We, as parents and/or guardians of the above-named, hereby give my/our consent to my/our participation in the Celebrate Waukee 5K, held by Waukee Community Festivals. I/We assume all risk and hazards incidental to such participation, including transportation to and from such activities. I/We are fully aware of the potential injury or damage, which may occur as a result of participation in such activities. I/We hereby waive, release, and absolve the Waukee Community Festivals, local organization of volunteers and sponsors, supervisors, participants and persons transporting the above-named to and from activities, from any claims or demands; and I/We hereby agree to indemnify such persons against any claims or demands arising out of my/our participation in such activities, except as may be covered by insurance. Photos may be taken of participants and guests in programs, activities, special events and festivals which may be used in promotional materials, press releases, and on the Waukee Community Festivals website/social media.

Signature of Participant or Parent/Guardian if Minor

Date

Participant's Name	Shirt Size	Sex	Birthdate	Age

Cost if Paid	5K
By May 19th	\$15.00
After May 19th	\$20.00

Make Checks Payable to: Waukee Community Festivals
Mailing address: West Bank c/o Kathryn Sandie
955 E. Hickman Rd. Waukee, IA 50263

Any Questions? Please email: celebratewaukee@gmail.com