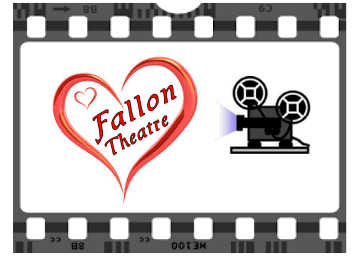




Fallon Community Theatre, Inc.

Love Our Theatre Fun Run

5K Run/Walk



Saturday, February 11th 2017

Registration: 9-9:50am, Start Time: 10:00am

Location: South Carson St. next to City Hall

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ e-mail: _____

Shirt Size: S M L XL XXL

Early Reg: \$20 Single \$30 couple **Race Day Reg:** \$25 Single \$35 Couple

Emergency Contact: _____

Waiver: In consideration of your accepting my entry, I, intending to be legally bound, hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the Love Our Theatre Fun Run, Fallon Community Theatre, Inc. and any of their officials and representatives for any and all injuries suffered by me in the Love Our Theatre Fun Run including liability while traveling to and from the event. I understand I must have my dog on a leash, if participating in this event.

*I also understand that due to the nature of this program I/my child may be included in photos or video that will be used for media information or advertising of future programs. I understand by signing this hold harmless agreement I authorize the use of any photos or video taken during this event.

Signature: _____ Date: _____

Parent or Guardian's signature required if the participant is under 18 years of age.

Make checks payable to: Fallon Community Theatre

For more information call (775) 691-9537

Registration Drop Off: at CEDA, 448 W. Williams or Fallon Theatre, 71 S. Main St.

Official Use Only:

Date: _____ Staff Initials _____ Payment \$ _____ Pay Method _____