



TKE Dash Race Registration | Athens, GA

Name:				Age:	
Address: Frat/Sorority/Dorm				Phone:	
City:		State:		Zip:	
Gender:	<input type="checkbox"/> M	<input type="checkbox"/> F	Email:		

Registration:	<input type="checkbox"/> \$15 per individual (To guarantee you receive a t-shirt your registration must be received by the t-shirt deadline date posted on our website, two weeks prior to race day)		T-Shirt Size:	Adult sizes only <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 1XL <input type="checkbox"/> 2XL
	<input type="checkbox"/> \$50 Team (4 participants) (All members must complete an individual registration form. \$12.50 will be due from each team member)		Team Name: _____	
Race:	This race is a 5K only			
Payment:	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit	Donation	\$ _____	
Credit Card:	Card #:	CSV code	Exp:	<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover <input type="checkbox"/> Amex
	Name on Card:			Billing Address:
<input type="checkbox"/> (same as above)		<input type="checkbox"/> (same as above)		
Signature:	_____		Date:	_____

Please read the waiver below and sign

Waiver:	<p>I know that participating in strenuous activities such as this is potentially hazardous. I assume all risks associated with competing in this event, including, but not limited to; falls, weather, and the condition of the field and roadway, all these facts being known and appreciated by me. Knowing these facts, and in consideration of your accepting my entry, I hereby, for myself, my heirs, executors, administrators or anyone else who might bring claims on my behalf, consent not to sue, and waive, release, and discharge the University of Georgia, City of Athens, Athens-Clarke County, The Make the Dash Count Foundation, Tau Kappa Epsilon-Xi Lambda Chapter UGA and its Members, the event employees, volunteers, organizers, and any and all sponsors, including their agents, employees, assigns, or anyone acting on their behalf, from any and all claims of any kind or nature whatsoever arising from, or in the course of my participation in this event. This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. I hereby grant full permission to any and all foregoing to use photographs, videotapes, motion pictures, recordings, or record of me or my likeness from this event for any purpose. Applicants of minors will be accepted only with parents or guardians signature and must be signed by the minor. I also realize that I am responsible for my own conduct of play. I vow to present myself in a sportsmanlike manner. In the event that I fail to do so, I realize that I may be ejected from the event.</p> <p>I have read Release and Waiver and agree to all terms and conditions therein.</p>	
Signature/ Guardian:	_____	Date: _____

Please mail your completed registration to: Make the DASH Count Foundation, c/o Tau Kappa Epsilon – Xi Lambda Chapter, 2815 Riverbend Road, Athens, Georgia 30605