

In consideration of accepting this entry, I hereby for myself, my heirs, my executors and administrators, waive and release any and all my rights and claims for damages that I may have against the Dunkirk Recreation Commission, Dunkirk Sports Boosters, the City of Dunkirk, WCA Hospital, Chautauqua Striders, Inc., Hometown Insurance, and any other sponsors of this event for any and all injuries that may be sustained by me competing in or traveling to and from said event.

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

Parent/Guardian Signature (if under 18 years): \_\_\_\_\_

D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age as of August 5, 2017 \_\_\_\_

Name (Print): \_\_\_\_\_ Gender: Male/Female

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Make checks payable to: Dunkirk Sports Boosters

Mail completed form to Lakefront 5K, c/o AJ Burnside, 11 Clark Street, Fredonia, NY 14063

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