



Registration Form

First Name: _____

Last Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Age Information

Date of Birth: ____ / ____ / ____ Age: _____

Age 0-13 (Parent/Guardian Presence Required)

Parent/Guardian Name _____

Cell Phone: _____

I am interested in participating in the following events:

- 5K Run & Walk (Prize Eligibility + Costume Contest Entry)
- Costume Contest (Prize Eligibility)

Registration Details/Cost

(Includes: T-Shirt, Number Bib or Ticket, Sponsor Swag)

Details	Age 18+	Age 14-17	Age 0-13
Early Registration (Sep. 15- Oct. 1)	\$35	\$15	\$8
Registration (Oct. 2- Oct. 15)	\$45	\$20	\$10
Late Registration (Oct. 16- Oct. 29)	\$50	\$25	\$10
Non-Runner Option	\$15	\$10	\$8

T-Shirt Size

Circle One (Youth/Adult): YS / YM / YL / S / M / L / XL / XXL / XXXL

Notice: Cash Only registration until further notice / Must possess **ticket** or **bib** for registered event to claim a prize



Waiver & Release Form

I, _____ (print name), acknowledge that my participation in the **Boomer Spooktacular 5K Run & Walk** and/or **Costume Contest** involves risk of injury, including bodily injury, and assume the risk for the same. On my own behalf and on behalf of my heirs and legal representatives and to the fullest extent permitted by law, I hereby release and discharge the event organizers and their respective directors, officers, employees, affiliates, members, agents and representatives, of and from any and all liability for injury, death, or damages and/or any other claims, demands, losses or damages, incurred by me in connection with any aspect of the **Boomer Spooktacular 5K Run & Walk** and/or **Costume Contest**. I also acknowledge that my participation in the event is completely voluntary and that photography may take place on site by event organizers for the purpose of future marketing. I understand and certify the information that has been presented below.

Signature: _____ Date: _____

Signature of Parent: _____ Date: _____ (If under 18)

Emergency Contact: _____

Relationship: _____ Phone: _____

Please return the completed waiver to lsgsaokstate@gmail.com or to Rachel Feasley at rachel.roach10@okstate.edu or in person.

Event Hosts:



DEPARTMENT OF
WELLNESS