

Dash Down Delta 5K

5K Run/Walk

Hosted by Crossroads Economic
Partnership

Saturday, April 13, 2024

Please print legibly and complete the entire entry form. More than one entry may be mailed together with the appropriate fees. Please make all checks payable to Clarksdale Chamber of Commerce.

5K Run/Walk: \$30.00 entry fee

First & Last Name: _____

Date of Birth: ___/___/___ Male Female

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone:(___) ___ - ___ E-mail: _____

T shirt Size (Shirts only guaranteed if form turned in by March 29th)

Adult S ___ Adult M ___ Adult L ___ Adult XL ___ Adult 2X ___

Registration begins at 7:00AM race begins at 8:00AM

Please Check one event: 5K Run ___ 5K Walk ___

Race Waiver: I, individually, (and/or as parent, and/or guardian of the named minor) for and in consideration of acceptance of this entry in the aforementioned event, do hereby release, remise, waive, and forever discharge Crossroads Economic Partnership and any and all other supporting groups of this said racing event, together with all their officers, agents, officials and employees, from any and all liability, claims, demands, actions, or causes of action whatsoever arising out of, or relating to any injury, illness, loss, or damage, including death, relating to participation in the aforesaid event. I further state I am in proper physical condition to participate in this event. In addition, I agree that my participation in this event requires that I will not participate with roller blades, skateboards, or anything which the race director deems dangerous to myself or other participants and that the race director may remove me from this event for a violation of said policy. I further grant permission to this race and the organization conducting the race and/or agents authorized by them to use any photographs, videotapes, motion picture, recordings, and any other record of this event for any purpose. I also agree that all entry fees are non-refundable, and that this entry is non-transferable. Thank you for participating

Signature: _____ Date: _____

Parent/Guardian Signature, if under 18: _____

Send completed entry forms to the Chamber of Commerce, P.O. Box 160 Clarksdale, MS 38614, or any First National Bank drive-through.