



CONWAY ROTARY

VIDALIA ONION 5K RUN/WALK

Saturday, April 16, 2016 at 8:00 a.m.

Benefiting the Conway Rotary Club, funding local/world charities

Online/Registration: Cost \$25 before Feb. 29th, 2015

Online/Registration: Cost \$30 March 1st thru April 15th

Race Day Registration: Available for \$40 from 7-7:45 a.m.

To register by mail, complete entire form and return with your check payable to:

The Conway Rotary Club
P.O. Box 14
Conway, SC 29528

First Name: _____ Last Name: _____ Middle Initial: _____

DOB: ____/____/____ Age on Race Day: _____

Sex: M/F Shirt size: S M L XL Other: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____

Email: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Parent/Guardian for children under 16: _____ Phone: _____

Pre-Order Your Vidalia Onions Arriving in May!

10lb. bag of Fresh Vidalia Onions \$15.00, # of bags: _____

25lb. bag of Fresh Vidalia Onions \$20.00, # of bags: _____

*****Please make checks out to Conway Rotary Club*****

Race Waiver (must be signed prior to participation)

I/my minor child, _____, wish to participate in the Conway Rotary Club 5K Onion Run to be held in downtown Conway, SC, beginning at the Conway Marina Park, 2nd Ave.

I am aware that participation in the Race is potentially hazardous and entails a risk of physical injury. I understand and agree that I/my child am/is electing to participate at my/his/her own risk. I am not aware of any physical or medical condition that would interfere with my/my child's ability to participate.

IN CONSIDERATION of my/my child being permitted to participate in this race, I hereby release and discharge the Conway Rotary Club, and all of its employees, volunteers, officers and agents ("releases") from any and all claims for personal injury, death, or property damage arising from or in any way connected with my/my child's participation in the race, except where the same is caused by the willful misconduct gross negligence of the releases.

For parents/guardians of minor participants only:

As the minor's parent/guardian, I hereby consent to his/her participation in the Race. If my child is injured or becomes ill and neither I nor the other parent/guardian can be reached at the numbers above, I give the Conway Rotary Club permission to seek medical attention for my child. By signing this waiver, I affirm that I have read and understand it and agree with its contents:
Participant

(Parent/Guardian if under 16): _____

Date: _____ Phone: _____

I understand that I/my child may be photographed during the course of this Race. I grant full and unlimited permission to the Conway Rotary Club, and its agents and affiliates to use my/my child's name, photograph or any other record of participation in this Race in any broadcast, telecast or other account of the Race for publicity purposes, without compensation, by placing my initials here: _____