



## 2015 Kaleidoscope of Color Run/Walk Registration Form

Please only one registration form per person. Registration deadline is by 9:45 a.m. Saturday, May 30. Please review the Kaleidoscope of Color Run/Walk webpage at [www.lakesideohio.com/calendar](http://www.lakesideohio.com/calendar) for more details about this event.

### Contact Information:

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Lakeside Address \_\_\_\_\_

Home Address (if different) \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Emergency Contact Information:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_

### Individual Information (if applicable):

### Team Information (if applicable):

Team Name \_\_\_\_\_

Team Captain \_\_\_\_\_

Race Donation (circle one):    \$5-10    \$11-30    \$31-50    Other: \_\_\_\_\_

### Age (circle one):

Male:    age 10 & under    age 11-14    age 15-19    age 20-29    age 30-39    age 40-49    age 50-59    age 60 & over

Female: age 10 & under    age 11-14    age 15-19    age 20-29    age 30-39    age 40-49    age 50-59    age 60 & over

### Release Form

I, for myself, my executors, administrators and assignees, do hereby release and discharge Lakeside Chautauqua, its Board of Directors, managers, employees and/or Kaleidoscope of Color Run/Walk organizers from all claims of damages, demands, actions whatsoever in any manner arising or growing out of my participation in the said athletic event. I attest and verify that I have full knowledge of the risk involved in the event, and that I am physically fit and sufficiently trained to participate in the event.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent/guardian must sign if participant is under the age of 18.)

Parent/Guardian Name (printed) \_\_\_\_\_