



## 2016 UOG CHARTER DAY 5K | REGISTRATION FORM

Sunday, March 6, 2016

Course: 3.1 miles. START & FINISH at the UOG Field House

**Show Time: 5:00 am**

**Go Time: 6:00 am**

Triton Dri-fit shirts for the first 250 finishers!

**Pre-Registration \$7 Day-of Registration: \$10 Group of 4: \$25**

### DIVISION

☐ Male

☐ Female

☐ Youth (13 & under)

☐ Jr. (14-19)

☐ Open (20-29)

☐ Submaster (30-39)

☐ Master (40-49)

☐ Senior (50-59)

☐ Grandmaster (60+)

☐ UOG Department Name: \_\_\_\_\_

☐ UOG Class Name: \_\_\_\_\_

### T-SHIRT SIZE

☐ S

☐ M

☐ L

☐ XL

☐ 2XL

☐ 3XL

**Pre-registration forms must be turned in no later than 12:00 pm on March 4th, 2016 at the UOG Calvo Field House Main Office**

### RELEASE FORM (MANDATORY)

In consideration of accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs executors, and the administrators, waive and release any and all claims for losses and damages I may have against the UNIVERSITY OF GUAM, and all other sponsors/parties and their representatives, successors, and assigns for any and all injuries suffered by me in said event. I attest and verify that I am physically fit and sufficiently trained for the completion of this event and my physical condition has been verified by a licensed Medical Doctor. Further I hereby grant full permission to the organizers to use any record of this event for any future publicity whatsoever.

☐ Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### RELEASE FORM FOR MINORS (MANDATORY)

I, \_\_\_\_\_, PARENT/LEGAL GUARDIAN OF \_\_\_\_\_ hereby grant permission for said minor to participate in said event. In consideration of accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all claims for losses and successors, and assigns for any and all injuries suffered by me in said event. I attest and verify that I am physically fit and sufficiently trained for the completion of this event and my physical condition has been verified by a licensed Medical Doctor. Further, I hereby grant full permission to the organizers to use any other record of this event for any future publicity whatsoever.

☐ Minor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Parent/Legal Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NO ONE MAY ENTER THIS EVENT WITHOUT SIGNING THIS FORM.**

**FOR MORE INFORMATION CONTACT THE RECREATION STAFF AT 735-2863/61.**

**APPLICATIONS ARE AVAILABLE AT THE UOG CALVO FIELD HOUSE RECREATION OFFICE.**

**APPLICATIONS DUE NO LATER THAN Friday, March 4th by 5:00 PM.**

### PARTICIPANT RECEIPT

NAME \_\_\_\_\_ HAS PAID \_\_\_\_\_ DATE \_\_\_\_\_ STAFF INITIALS \_\_\_\_\_ RACE BIB # \_\_\_\_\_