

# Grandview Mud Bog Weekend: 5K Fun Run/Walk

*"Let's Do One Healthy Thing This Weekend!"*

## Participant Registration and Medical Form

Participant Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Gender: Male  Female  Other  Prefer Not to Say  \*for paramedic use\*

Do you have any medical conditions that might affect the run? Yes  No

If yes, what medical conditions do you experience? \_\_\_\_\_

\_\_\_\_\_

Do you have any medications with you that we need to be aware of? \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

By signing, I give permission for the free use of my name, picture, and/or video recording for accounting of this event via social media or other media outlets.

Participant Signature: \_\_\_\_\_

\*If under 18\* Guardian Signature: \_\_\_\_\_

*Note that all participants and/or guardians must also sign a waiver form.*