

# 2<sup>nd</sup> Annual Disco Glo-Run/Walk

467 Shelby-Ontario Rd. Mansfield, OH 44906

A fun family event on June 27, 2015. All proceeds go to The Journey of a Child. Visit [TheJourneyOfAChild.org](http://TheJourneyOfAChild.org) for more info.

Race day registration: 7:45pm      Race begins: 9:15pm

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Name: \_\_\_\_\_

Age on race day: \_\_\_\_\_ Gender:    M    F    (circle one)

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount Enclosed: \$ \_\_\_\_\_

I would like to donate to The Journey of a Child: \$ \_\_\_\_\_

Make checks payable to: The Journey of a Child.

Send to: 5707 State Route 309 Galion, OH 44833

T-Shirt size: (circle one) YS    YM    YL    AS    AM    AL    AXL    XXL

\*Please note the Family rate includes 4 shirts. Extra shirts can be purchased for \$15 per shirt.

**Waiver and Release: (Complete and sign 1 entry per person if registering at family rate)**

I hereby waive and all rights and claims for damages for myself, my heirs and executor administrators that I have for any and all injuries suffered by me or members of my family in this event. This waiver shall include: The Journey of a Child, the City of Ontario, Race Organizers, Volunteers, and Officials. I attest that I have knowledge of this. The officials of this event have my permission to contact any available physician and utilize an ambulance service if deemed necessary for my treatment or any of my family member's treatment in an emergency. I HAVE READ THE ABOVE RELEASE AND UNDERSTAND THAT I AM ENTERING MYSELF AND/OR MY FAMILY MEMBERS IN THIS EVENT AT OWN RISK.

\_\_\_\_\_  
Signature of Participant(s)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date