

Join us for the 9th Annual YOLO Festival of Races Saturday, May 14, 2022

Visit our website: www.YOLOorg.com - Like us on Facebook: www.facebook.com/yolo.races

Mail to: YOLO Festival of Races, 6431 Willow Lake Drive, Greenville, OH 45331 For more information, email: yoloraces@gmail.com or call 937-371-9088

Make checks payable to YOLO Festival of Races

Name:							Team Name (if applicable):						
Address:													
City:								State	e:		Zip		
Email:									Phone	e: (_)		
MALE FEI	MALE	Bir	th date: ₋					_ AGE: (as	s of 12/3	1/22)			
Emergency Contact	Name	e:											
Emergency Contact	Phon	e: ()										
Circle T-SHIPT SIZE	(ADI	II T-l Ini-	cov).		Vemall	Small	Med	Large	VΙ	XXL	T.f.		
CITCLE 1-SHIKT SIZE	JLT-Uni-sex): JLT-Women Tank Top):			Small		Large	•		AAL	DARKE COUNTY WELLINESS CHALLINESS			
		JTH):			Small	Med	Large	XL	7.0.1				
Circle RACE DISTAN	CE:	5K	15K	Half-N	larathon								
			Half Marathon			15K		5K					
January			\$50			\$40		\$18					
February – May			\$60			\$50		\$20					
Race Dav			\$70			\$60		\$25					

WAIVER: In consideration of my entry in the YOLO Festival of Races, I am intending to be legally bound for myself, my heirs, executors, and administrators, and do hereby WAIVE, RELEASE, AND DISCHARGE Zechar Bailey Funeral Home, Darke County Wellness Challenge committee and sponsors, Good Times Event Services, organizers, volunteers, and all sponsors; as well as their respective agents, parent subsidiaries, affiliates, successors and assigns; from ANY and ALL liability, all claims and damages, demands, actions whatsoever in any manner arising or growing out of my participation in this event. I also understand and agree that the event may subsequently use for publicity and/or promotional purposes my name, photographs, video or other records of me participating in this event without liability or obligation to me. I have read the entry form and certify compliance by my signature.

REFUND: I also agree that my entry fees, once paid, are non-refundable and non-transferable. I have read the entry form and certify compliance by my signature. Please enter your name to signify that you have read, understand, and accept the Waiver and Refund Policy

SIGNATURF:	(signature of participant, parent/guardian if under 18 yrs old)
SIGNATURE:	(Signature of participant, parent/guardian it under 18 vrs old