



Clarissa Community Club's
Shamrockin' 5K
Participant Registration Form.

PLEASE PRINT CLEARLY
One person per registration form

Participant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

E-Mail: _____

Emergency Contact Name & Phone Number: _____

I am registering for:

\$25 Pre-Registration; January 1 – January 31

-Receive one event t-shirt; select size

Small Medium Large X-Large XX-Large

- Receive a participant goodie bag

\$30 Registration; February 1 – March 6

- Receive one event t-shirt; select size

Small Medium Large X-Large XX-Large

- Receive a participant goodie bag

\$30 Last-Minute Registration; March 7 – March 19 at 5 pm

-Receive a participant goodie bag (as supplies last)

\$30 Same-Day Registration; March 21 from 12-12:45 pm

Waiver & Release

In consideration of acceptance into Clarissa Community Club's Shamrockin' 5K event, I waive all claims for myself, my heirs, and personal representatives against Clarissa Community Club, its sponsors, organizers, and volunteers for all risks that may be associated with the event. I ensure that I am in proper physical condition for this event and understand the risks associated with participating in the event of this nature. I also permit the free use of my name and picture and any written account photograph, broadcast, or telecast of the event for any legitimate purposes. I understand that if the race is canceled because of any circumstances beyond the control of the race committee and sponsors, including but not limited to hazardous weather conditions, and my entry fee will not be returned.

Mail registration form to Clarissa Community Club PO BOX 423 Clarissa, MN 56440.

Participant Signature (Parent Signature, if under 18): _____ Date: _____