



August 24, 2018

4:30 pm - Registration | 5:30 pm - Run Begins  
Itasca County Family YMCA

Name of Child(ren)	Age of Child(ren)	Name of Race (Fun Run 1K or Tot Trot)	Race Bib # <i>Please pin on front of shirt</i>

Waiver: I hereby, for my heirs, waive and release any and all rights and claims for damages my child may have against the Itasca County Family YMCA or Grand Itasca Clinic & Hospital for any and all injuries which may be suffered by my child in connection with participation in the Kids Costume Fun Run 1K or Tot Trot.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Parent Email Address: \_\_\_\_\_