## RegistrationForm RLEASE RIPLES CLEARLY

PLEASE

Last Name First name			
Address			
City, State, Zip			
Date of Birth	Age	Gender	M □F
Phone			
Email			
Team name (if applicable)			
Emergency Contact Name and Phone Number			
Race (check one)			
☐ Timed 10K ☐ Timed 5K ☐ Untimed 5K			
☐ Untimed 1K ☐ Tot Trot ☐ Phantom Runner			
☐ VIP (enter category)			
T-shirt Size (check one)			
Youth Sizes: ☐ S(6	(8-3	1(10-12)	□ L(14-16)
Adult Sizes: ☐ S	□ M □	L 🗆 XI	-
XXL (add \$2.00 to entry fee for XXL)			
	Entry	Fee \$	
Addition			
Donation to MUST One Time \$			
and does not sell or give out an information to any organization or or		TAL \$	

## Make checks payable to MUST Ministries.

Mail to Gobble Jog, PO Box 1717, Marietta, GA 30061. Please print "Gobble Jog" in the memo section of the check.

In consideration of accepting this entry I, the signee intending to be legally bound, hereby, for myself, my heirs, executors, and administrators, waive and release any and all right and claims for damages I may have against the Gobble Jog, the beneficiary organizations, their directors, employees, sponsors, officials, workers, volunteers, representatives, successors, assigns for any and all injuried directions of the suppose of the property of the suppose of the sup all injuries directly or indirectly suffered in this event.

I grant permission to MUST Ministries and others to use any photographs, videotapes, motion pictures, recordings or any other record of me and/or this event for any legitimate purpose. I also grant permission for MUST Ministries to contact me by email for race-related communications.