



Friday, August 28, 2021

8:00am: Registration

9:00am: Race Start Time

10:00am: Kids Fun Run

Stick around after the race for music, food, and outdoor games!

For more information and to register online:

www.oneagleswings5k.com

REGISTRATION FORM

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

E-MAIL: _____

PHONE: _____

AGE: _____ SEX: _____

SHIRT MATERIAL: Dri-Fit Cotton

SHIRT SIZE: (ADULT) Small Medium Large XL XXL
 (YOUTH) Small (6-8) Medium (10-12) Large (14-16)

ENTRY FEE : **\$20 before 8/9/2021** **\$25 on or after 8/9/2021**
T-Shirts can only be guaranteed if registered by 8/9/2021

Make checks payable to "On Eagle's Wings 5K". Mail to 1065 E Greyhawk Lane., Greensburg, IN 47240. If you have any questions, email the 5k Committee at ow5k.greensburg@gmail.com. Proceeds benefit the Decatur County Community Foundation, Decatur County United Fund, On Eagle's Wings Memorial Scholarship Fund, GCHS Wrestling Program and St. Mary's School, as requested by the families of Steve & Denise Butz and Don & Barb Horan.

WAIVER, RELEASE AND INDEMNITY AGREEMENT (Read before signing)

In consideration of acceptance of my entry, I hereby release, discharge, and agree to hold harmless the "On Eagle's Wings" 5K organization, St. Mary's Catholic Church and School, City of Greensburg, Decatur County, any sponsors, officials or organizers of this event and each of them together with their successors, assigns, officers, agents and employees from any and all liability for injuries to property or person suffered by me as a result of my participation in this event. By execution of this waiver, I assume all risks associated with my participation in this event including, but not limited to falls, the effects of weather, traffic, road and trail conditions, and all risks associated with running or walking in an urban setting whether or not such risks are specifically known or appreciated by me. I verify that I am physically fit and have sufficiently trained for this event and that my physical condition has been verified by a licensed medical doctor. I specifically agree that it is not the duty of any of the parties listed above to check, monitor, or evaluate my physical condition for the appropriateness of my participation in this event at any time. I agree to indemnify any of the parties listed above for damages caused by me to any such party or parties and any third parties, by virtue of my participation in this event. I further agree to yield to all emergency vehicles on the course in the event they must treat another participant.

Signature (or Parent's Signature if under 18): _____

Date: _____