



Race Number _____

CRESCENT CITY FALL CLASSIC, 5 Km
(Please Print)

Name (First Name then Last Name)

Address (Street and Apt. Number -or- PO Box Number)

City State U.S. Zipcode

Sex: MALE FEMALE / / Age: _____
Date of Birth (as of Race Day)

Circle Shirt Size: S M L XL / - _____
Area Code Telephone Number

E-Mail: _____ Entry Fee: \$ _____

Make checks payable to: Crescent City FALL Classic

September: \$15.00, October: \$18.00, November: \$20.00

Note: In consideration for accepting this entry, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators waive any and all rights for damages I may have against the City of New Orleans, Crescent City Fitness, Inc., City Park, the Crescent City Fitness Foundation, Inc. and all event directors, sponsors and volunteers. I attest and verify that I am medically able and properly trained. I assume all risks associated with participating in this event including, but not limited to, falls, contact with other participants, the effects of weather (including high temperature / humidity), traffic and the conditions of the roads & bridges, all such risks being known and appreciated by me. I understand all entries are final, with no refunds, and that the race directors reserve the right in the event of an emergency or local/national disaster to cancel the race or to change the day and/or time to a later date and that in the event of cancellation there is no refund of entry fees. Further, I hereby grant full permission to any and all of the foregoing to use any photograph, videotape, motion pictures, recordings or any other record of my participation in this event for any legitimate purpose.

Signature _____ Date _____
Parent or legal guardian's signature, if under 18