



Spoga Fitness Center

Goblin Gallop

5K & 1 Mile Walk



Leadership Tangipahoa
Alumni Association

Date: Saturday, October 30, 2010

Time: Run - 8:00am Walk - 8:15am

Race Day Check-In: 7:00-7:30am at Cate Square Park (downtown Hammond)

Proceeds Go To: OPTIONS

Entry Fee: \$10 - 5K Run/Walk entry with T-shirt
Please make checks payable to:
Spoga Fitness Center

Pre-Registration Deadline: October 12, 2010 (t-shirt not guaranteed after this date)

Awards: Prizes for best male & female costume!!

RACE ENTRY FORM

Name: _____ **DOB:** _____ **AGE:** _____ **SEX:** Male or Female

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (_____) _____ **Cell:** (_____) _____

EMAIL: _____

EVENT 5K Run
 1 Mile Fun Walk

T-SHIRT SIZE

S M L XL 2XL

BIB numbers must be worn on the front of the assigned participant. Sorry NO REFUNDS.

WAIVER AND RELEASE STATEMENT (Must Be Signed)

In consideration of participating in the **Spoga Fitness Center & Leadership Tangipahoa Alumni Association 5K/1 Mile Walk** ("Activity") I represent that I understand the nature of the **Goblin Gallop 5K/1 Mile Walk** and that I and/or my minor child am qualified, in good health, and in proper physical condition to participate in such Activities. I further conduct that the activity will be conducted over public roads and facilities open to the public during the Activity and upon which traffic hazards are to be expected. I acknowledge that if I and/or my minor child believe event conditions are unsafe, I and/or my minor child will immediately discontinue participation in the Activity. I fully understand that the Goblin Gallop 5K/1 Mile Walk and related events involve risks of serious bodily injury, and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I and/or my minor child incur as a result of my and/or my minor child's participation in the Activity. I hereby release, discharge, and covenant not to sue Spoga Inc., Leadership Tangipahoa and Options, Inc., its respective administrators, agents, officers, volunteers, employees, other participants, sponsors and, if applicable owners of premises on which the Activity takes place, from all liability, claims, demands, losses, or damages. I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND PARENTAL CONSENT AGREEMENT.

Signature of Participant

Date

Signature of parent /guardian (if entrant is under the age of 18)

Date

Mail completed entry form to:
Spoga Fitness Center, 210 W. Thomas St., Hammond, LA 70401

OR drop off at:
Spoga Fitness Center, 210 W. Thomas St.
Perfectly Fit , 303 W. Minnesota Park, Ste E

For questions contact Ryan Trahan at 985-345-2453

All proceeds go to:



OPTIONS helps people with disabilities live and work in the community.