

Register before July 10<sup>th</sup> and save \$10 on your registration fee, plus get a FREE event t-shirt!



# Saturday, July 22, 2017

Yankee Lake, 1900 State Rte. 7, NE  
Brookfield, OH 44446

Mud Monster 5K: 9 am \$45 before 07/10 or \$55 after 07/10  
'Lil Monster Race: 11 am (ages 5-13) \$15 before 07/10 or \$25 after 07/10  
Registration: 7:45-8:45 am \$5 Spectators (ages 13 & up) day of

Submit the form below or register online at:  
<https://runsignup.com/Race/OH/Brookfield/MudMonster5K>



## 2017 Mud Monster Registration Form

Racer's Name: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_  
Street City State Zip

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Age on 07/22/2017: \_\_\_\_\_ Sex (circle one): M F Shirt Size (circle one): S M L XL XXL  
(FREE event t-shirt for those registered on or before 07/10.)

Race Selection (check one):

\_\_\_\_\_ Mud Monster Race: \$15 before 07/10 or \$25 after 07/10

\_\_\_\_\_ 'Lil Mud Monster Race: \$45 before 07/10 or \$55 after 07/10 Check Enclosed: \$ \_\_\_\_\_

Awards for TOP 3 OVERALL male and female and TOP 3 PLACES awarded by age division:  
13 and under, 15-19, 20-19, 30-39, 40-49, 50 and over. Finisher medals awarded at the finish line.

### \*\*PARTICIPATION WAIVER\*\*

In consideration of you accepting this entry, I, the participant, intending to be legally bound and hereby waive or release any and all rights and claims for damages or injuries that I may have against the event director, RunSignup.com, and all of their agents assisting with the event, including sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators or assignees. I also authorize the use of photographs or videos that include my image for promotional, information or other reasons deemed to be in the best interest of the event.

I certify as a material condition to my being permitted to enter this race, that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I acknowledge having read and agreed to the above waiver.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Checks payable and mailed to:  
United Way of Trumbull County  
3601 Youngstown Road, S.E. • Warren, OH 44484  
Email: [crogers@unitedwaytrumbull.org](mailto:crogers@unitedwaytrumbull.org) Fax: 330-369-5555  
For more information, call 330-369-1000.