

# 2020 Shamrock Shuffle Pre-Registration Form

Saturday, March 14, 2020—Downtown Defiance  
Registration begins 11:30 am—Race Begins—1:00 pm

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Sex (circle) MALE FEMALE      DOB \_\_\_/\_\_\_/\_\_\_

May we contact you by email?      Y or N (circle)

Email Address \_\_\_\_\_

Shirt Sizes (circle) - Adult sizes only    S    M    L    XL    2XL

Entrant Event—      5K Run/Walk      5K Run/Walk and Crawl

In consideration of this entry, I, the undersigned intending to be legally bound, for myself and anyone acting on my behalf, release any and all claims against the event and all event sponsors for damages traveling to, participating in, and returning from said event. I attest and verify that I know running a road race can be a potentially hazardous activity. However, I have sufficiently trained for the competition of this event and know that I am running/walking at my own risk.  
I READ THIS WAIVER OF LIABILITY.

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(If under 18 years of age, parent or legal guardian must sign)

**\$25— Run/Walk Only**

**\$40—Run/Walk and Crawl**

Registration can be mailed to:

Shamrock Shuffle c/o Dr. Deborah Stein  
Defiance Optometric Group, Inc.  
800 North Clinton Street  
Suite D  
Defiance, OH 43512

Please make checks payable to:

DEFIANCE LIONS CLUB



For More Information: Search “Defiance Lions Club” on Facebook