

# Gonzales Rx Pharmacy

## 7<sup>th</sup> Annual

# ORANGE & BLACK 5K

(Benefits Gonzales High School Scholarships)

### Registration Form:

**Sunday July 4<sup>th</sup>, 2021**

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

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

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

Male/Female: \_\_\_\_\_ Age: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

\$25 for Adult

Free for Student

Payments may be brought in to Gonzales Rx Pharmacy, mailed in or via Zelle [gonzalesrx5k@gmail.com](mailto:gonzalesrx5k@gmail.com) or via Venmo @Gonzales-Rx-5K.

### Address:

Gonzales Rx Pharmacy  
18 4<sup>th</sup> Street / PO Box 808  
Gonzales CA 93926

**For more information please call us (831) 675-3643 or email us at [gonzalesrx5k@gmail.com](mailto:gonzalesrx5k@gmail.com)**

5K Run/Walk wavier release form:

I hereby certify the following: I am physically fit, will follow COVID protocols of wearing a face covering before and after the race, passing a temperature check at check-in and have received clearance to participate in the 5K run/ walk on Sunday July 4<sup>th</sup>, 2021. Therefore, I hereby waive, my heirs and assigns, and my estates. I discharge the sponsors, organizers, affiliates, as well as their agents and employees, from all claims that may occur as a result in my participation in the 5K.

Participation signature: \_\_\_\_\_

Date: \_\_\_\_\_

If under 18 guardian's signature: \_\_\_\_\_

Date: \_\_\_\_\_