



5K Registration

October 12, 2019

Full Name:		
Address:		
City:	State:	Zip Code:
Email Address:		
Contact Number:		
Age:		
Date Registered:		
T-shirt Size: (Small through 3XL)		
***Please e-mail the registration and release form to bsearfos@valleyhealthlink.com		

Registration Fees:

AGES 11 and UP: Before September 30: \$20

October 1 – 11: \$25

Race Day: \$30

AGES 5 – 10: Up to and including race day: \$10

RELEASE AND WAIVER OF LIABILITY: I know that running a road race is a potentially hazardous activity which could cause injury or death. I assume all risks associated with participating in this event, including but not limited to falls, contact with other participants, the effects of weather, traffic, and course conditions, and hereby waive any and all claims which I might have based on these or any other risks typically found in running a road race. In consideration of participating in the Run for Recovery, on behalf of myself, my family, my heirs, and my assigns, the undersigned Participant and/or Parent or Guardian hereby release the Run for Recovery race organizers and sponsors, the Frederick County Parks and Recreation Department, Valley Health Systems, John Handley High School, and the Northern Shenandoah Valley Substance Abuse Coalition, from any and all liability for any injury, loss, or death to the Participant while participating in the run or while in any way associated with participating in the run. Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

Name of Participant

Signature of Participant

Date

Signature of Parent or Guardian
(if Participant is under the age of 18)

Date