

Off to Run Evening Running Program – 2018

One person per entry ONLY

NAME _____

PHONE (preferred) _____ AGE _____

DATE OF BIRTH _____ MALE _____ FEMALE _____

EMAIL ADDRESS (write clearly) _____

Emergency Contact Name & phone _____

How did you hear about the program? _____

Do you have someone you want to refer? Name _____

Phone or Email _____

Group: Run Walk _____ Time Improvement _____

REGISTRATION: \$70
(Get \$10 back if you refer someone new and they register)

MAKE CHECKS PAYABLE TO: Lou Ann Bakolia

MAIL TO: Lou Ann Bakolia
1308 Bascomb Drive
Raleigh, NC 27614

WAIVER: I understand that participating in this program is potentially hazardous, and that I should not enter and participate unless I am medically able and properly trained. In consideration of the acceptance of this entry, I assume full and complete responsibility for any injury or accident which may occur while I am traveling to or from the program, during the program, or while I am on the premises of the program. I also am aware of and assume all risks associated with participating in this program, including but not limited to falls, contact with other participants, effect of weather, traffic, and conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and my heirs and executors, and anyone entitled to act on my behalf, hereby waive, release and forever discharge the program organizers, sponsors, promoters and each of their agents, representatives, successors and assigns, and all other persons associated with the program, for my all liabilities, claims, actions, or damages that I may have against them arising out of or in any way connected with my participation in this program. I understand that this waiver includes any claims, whether caused by negligence, the action or inaction of any of the above parties, or otherwise. I understand that the entry fee is non-refundable and non-transferable.

SIGNATURE DATE

SIGNATURE OF PARENT OR GUARDIAN IF Under 18 DATE