

3rd Annual Child Advocacy Center 5K Race & Fun Walk Registration Form

Full Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Age on Race Day _____ Gender ___ Male ___ Female Shirt Size ___ S ___ M ___ L ___ XL ___ 2X
(T-shirts will only be given to participants registered by March 29th)

Fees ___ Prior to March 29th - \$20 ___ After March 29th & Event Day - \$25

Make checks payable to: Collins Center & Send completed entry forms to:

Collins Center 5K Fundraiser, Attn: Rhoda Miller, P.O. Box 1473, Harrisonburg, VA 22803



In consideration of the application being accepted, I hereby, for myself, my heirs, and executors waive, release and forever discharge any and all rights and claims for damages which I may have here after accrue to me against the organizers and sponsors of the Child Advocacy Center 5K, and verify that I am physically fit and have sufficiently trained for the competition of this run/walk. Further, I hereby grant full permission to any and all of foregoing to use my name, photograph, videotapes, motion pictures, recordings, and any other record of this event for legitimate purpose, without compensation or remunerations. I understand that bicycles, skateboards, roller skates or blades, animals and audio devices are not allowed in the run/walk and I will abide by this guideline. I understand that if the run/walk is canceled due to circumstances beyond the control of the run/walk committee, my entry fee will not be refunded.

X _____ Date _____

Entry MUST BE SIGNED by runner, or by parent or guardian if under 18. One entry form per runner.