
LANSDOWNE HIGH SCHOOL AVID 5K RUN – MARCH 28, 2015 – LANSDOWNE HIGH SCHOOL – 8:00 AM

Contact Info:

First Name: _____ Last Name: _____ MI: _____
Mailing Address: _____ City: _____ State: _____
ZIP Code: _____ E Mail Address _____ Telephone # _____

Personal Info:

Age on race day: _____ Birth Date: _____ Male or Female: _____

Payment Information: (make checks payable to: Lansdowne AVID Program) **Shirt Size:** (circle one – Mens sizing) **S M L XL XXL**

Please check next to the correct amount:

<input type="checkbox"/>	5k Early Registration (Before 2/1/15)	\$20.00
<input type="checkbox"/>	5k Regular Registration (From 2/1/15 – 2/28/15)	\$25.00
<input type="checkbox"/>	5k Late Registration (After 2/28/15)	\$30.00
<input type="checkbox"/>	WALK REGISTRATION	\$20.00
<input type="checkbox"/>	Virtual Runner	\$20.00

Total Payment Amount: \$ _____

Waiver/Release Must Be Signed Before Mailing:

In consideration of the acceptance of my entry, I, on behalf of myself, my heirs, executors and assignees, hereby release and discharge Elite Race Management LLC, Baltimore County Public Schools, the race director, USATF, volunteers and race sponsors of all claims, damages, demand, actions, whatsoever in any manner arising out of my participation in said athletic event. I attest and verify that I have full knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate. Further, I hereby grant full permission to any and all of the foregoing to use my name, photographs, videotapes, motion pictures, recordings or other record of this event for any legitimate purpose, without compensation or remuneration.

Signature (parent or guardian signature if under18)

Date

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