

Signature (parent or guardian signature if under18)

## THE GREAT CO-MISSION 5K FAMILY RUN/WALK

APRIL 11, 2015 - MARINER POINT PARK - 8:00 AM

MAIL FORM TO:

Elite Race Management PO Box 44608 Baltimore, MD 21236

## PLEASE COMPLETE A SEPARATE FORM FOR EACH PARTICIPANT

Contact Info: First Name:		Last Nam	ie:					
Address:					State:			
		Telephone #						
Personal Info: Age on race day:	Birth Date:	Male or Femal					_	
Please check next to the  Sk Registration (Ru Virtual Runner (Ca  Waiver/Release Must Be In consideration of the acceptance race director, Harford County MD manner arising out of my participa sufficiently trained to participate.		ecutors and assigned blunteers and race spat I have full knowled all of the foregoing	es, hereby release and onsors of all claims, da ge of the risks involved to use my name, pho	\$25 \$20 discharge amages, de	Elite Rac emand, a rent and	(ADD \$3 ce Managen actions, wha I am physic	for 2XL & 3XL nent LLC, the atsoever in any ally fit and	
Signature (parent or guardi	•		 Date					
	THE GREAT CO-IVIISSION				MAIL FORM TO: Elite Race Management PO Box 44608 Baltimore, MD 21236			
Contact Info: First Name:	PLEASE COMPLETE A SEPARA		e:					
	_ E-Mail Address:		Tele	phone #	t			
Personal Info: Age on race day:	Birth Date: make checks payable to: Trinity Luthera		Male or	Female				
Please check next to the  Sk Registration (Ru Virtual Runner (Ca  Waiver/Release Must Be In consideration of the acceptance race director, Harford County MD manner arising out of my participa sufficiently trained to participate.	correct amount:	ecutors and assigned blunteers and race spat I have full knowled all of the foregoing	t the event!) es, hereby release and onsors of all claims, dage of the risks involved to use my name, photographs.	\$25 \$20 discharge amages, de	Elite Rac emand, a ent and	(ADD \$3 ce Managen actions, wha I am physic	for 2XL & 3XL nent LLC, the atsoever in any ally fit and	

Date