

Family Services, Inc. & The Montgomery Village Rotary Club Foundation Present:



Saturday, October 31st, 2015-Rain or Shine

☐ Challenge Yourself 5k-\$25.00 (Until Sept. 15th) \$30 (Until Race Day) \$35 (Race Day)

☐ Fun Run for All Ages-\$10.00

☐ Sponsor a Runner (Make a donation of any denomination to sponsor a "client" of Family Services, Inc. who would like to participate but cannot afford to. All donations will be tax deductible)

First Name: _____ Middle: _____ Last Name: _____

Birth Date: ____/____/____ Gender: ____ Male ____ Female Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

How did you hear about the race? _____

Entry Fees

Pay By: ____ Cash ____ Check ____ Credit Card

Credit Card Type: ____ VISA ____ Mastercard ____ AMEX

Card #: _____

Exp Date: ____/____/____ CVV: _____

Name on Card: _____

Signature: _____

Please make checks payable to Family Services, Inc. and mail form to:

Elite Race Management
P.O. Box 44608
Baltimore, Maryland 21236

Cancellation Policy: Entry fees are non-refundable & entries are non-transferable

WAIVER AND RELEASE:

In consideration of you accepting this entry, I, the participant, intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against Family Services, Inc., The Montgomery Village Rotary Club Foundation, Elite Race Management and all of their agents assisting with the event, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above waiver.

I consent to the use of my image in photographs, motion pictures or recordings taken at The Event for the use in Family Services, Inc. advertising, marketing, publication, or promotion.

Signature X _____
Parent/ Legal Guardian-For participants under 18 years of age Date _____