Contact Info:		
First Name: Last Nar	me:	MI:
Mailing Address:		
ZIP Code:E Mail Address		
Personal Info:	· · · · · · · · · · · · · · · · ·	
Age on race day: Birth Date:	Male or Female:	
Payment Information: (make checks payable to: Lansdowne AVID Program Please check next to the correct amount:	n) <u>Shirt Size:</u> (circle one – Mens sizing) S	M L XL XXL
5k Early Registration (Before 2/1/16)	\$20.00	
5k Regular Registration (From 2/1/16 – 4/7/16)	\$25.00	
5k Late Registration (Race Day)	\$30.00	
Virtual Runner	\$20.00	
	Total Payment Amount: \$	
the race director, USATF, volunteers and race sponsors of all claims, damages, demand, have full knowledge of the risks involved in this event and I am physically fit and sufficien name, photographs, videotapes, motion pictures, recordings or other record of this even	ntly trained to participate. Further, I hereby grant full permission to	o any and all of the foregoing to use my
	<u></u>	
Signature (parent or guardian signature if under18)	Date	
LANSDOWNE HIGH SCHOOL AVID 5K RUN Contact Info:	I – APRIL 9, 2016 – LANSDOWNE HIGH SCHO	
LANSDOWNE HIGH SCHOOL AVID 5K RUN Contact Info: First Name: Last Nar	I – APRIL 9, 2016 – LANSDOWNE HIGH SCHO	MI:
LANSDOWNE HIGH SCHOOL AVID 5K RUN Contact Info: First Name: Last Nar Mailing Address:	<b>I – APRIL 9, 2016 – LANSDOWNE HIGH SCHO</b> me: City:	MI: State:
LANSDOWNE HIGH SCHOOL AVID 5K RUN         Contact Info:         First Name: Last Nar         Mailing Address: E Mail Address	<b>I – APRIL 9, 2016 – LANSDOWNE HIGH SCHO</b> me: City:	MI: State:
LANSDOWNE HIGH SCHOOL AVID 5K RUN Contact Info: First Name: Last Nar Mailing Address:	<b>I – APRIL 9, 2016 – LANSDOWNE HIGH SCHO</b> me: City: Telephone #	MI: State:
LANSDOWNE HIGH SCHOOL AVID 5K RUN         Contact Info:         First Name: Last Nar         Mailing Address: E Mail Address         ZIP Code: E Mail Address         Personal Info:         Age on race day: (make checks payable to: Lansdowne AVID Program	I – APRIL 9, 2016 – LANSDOWNE HIGH SCHO me:City:Telephone #	MI: State:
LANSDOWNE HIGH SCHOOL AVID 5K RUN         Contact Info:         First Name: Last Nar         Mailing Address:       Last Nar         ZIP Code: E Mail Address       E         Personal Info:       Age on race day: Birth Date:         Payment Information:       (make checks payable to: Lansdowne AVID Program	I - APRIL 9, 2016 - LANSDOWNE HIGH SCHO         me:        City:        City:        Telephone #        Male or Female:        Male or Female:        Shirt Size:         (circle one - Mens sizing)	MI: State:
LANSDOWNE HIGH SCHOOL AVID 5K RUN         Contact Info:         First Name: Last Nar         Mailing Address: E Mail Address         ZIP Code: E Mail Address         Personal Info:         Age on race day: Birth Date:         Payment Information: (make checks payable to: Lansdowne AVID Program         Please check next to the correct amount:         Sk Early Registration (Before 2/1/16)	I – APRIL 9, 2016 – LANSDOWNE HIGH SCHO         me:        City:        Telephone #        Telephone #        Male or Female:        Male or Female:        Shirt Size:         (circle one – Mens sizing)         \$         \$20.00	MI: State:
LANSDOWNE HIGH SCHOOL AVID 5K RUN         Contact Info:         First Name:       Last Nar         Mailing Address:       Last Nar         ZIP Code:       E Mail Address         ZIP Code:       E Mail Address         Personal Info:       Birth Date:         Age on race day:       Birth Date:         Payment Information:       (make checks payable to: Lansdowne AVID Program         Please check next to the correct amount:       Sk Early Registration (Before 2/1/16)         Sk Regular Registration (From 2/1/16 – 4/7/16)       Sk Regular Registration (From 2/1/16 – 4/7/16)	I – APRIL 9, 2016 – LANSDOWNE HIGH SCHO         me:        City:        City:        Telephone #        Male or Female:        Male or Female:         monormalizettic (circle one – Mens sizing)         \$         \$20.00         \$25.00	MI: State:
LANSDOWNE HIGH SCHOOL AVID 5K RUN         Contact Info:         First Name: Last Nar         Mailing Address:       Last Nar         ZIP Code:E Mail Address       E Mail Address         Personal Info:       Age on race day:Birth Date:         Payment Information:       (make checks payable to: Lansdowne AVID Program         Please check next to the correct amount:       Sk Early Registration (Before 2/1/16)	I – APRIL 9, 2016 – LANSDOWNE HIGH SCHO         me:        City:        Telephone #        Telephone #        Male or Female:        Male or Female:        Shirt Size:         (circle one – Mens sizing)         \$         \$20.00	MI: State:

In consideration of the acceptance of my entry, I, on behalf of myself, my heirs, executors and assignees, hereby release and discharge Litte 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.