



Colleen's BA 5K and 1 Mile Fun Run/Walk

Saturday, June 4, 2016

| REGISTRATION | | Bib # |
|---|--------------------------|----------------------------------|
| ONE FORM PER PARTICIPANT | | |
| Full Name: | | |
| Gender (circle one): | M F | Birth Date: |
| T-Shirt Size: (circle one): | S M L XL XXL | Age on Run Day: |
| Address: | | |
| City, State, Zip: | | |
| Phone: | | Email: |
| | | |
| Circle Participation: | 5K - or - 1 Mile | Team Member (minimum 4 members)? |
| Enter Fee Category (see below): | | Y N |
| Team Name: | | |
| Fee Categories: Student (ages 5-22) or Active Military \$20 / Individual, including team member \$25 / Family, 3 or more \$60 | | |

| PAYMENT | Check # | Check Amount: \$ |
|--|------------------------|----------------------|
| Credit Card (circle one): | VISA MC AMEX | |
| <i>Note: If payment is made by credit card, please provide address above that matches the billing address for the credit card.</i> | | |
| Credit Card Number: | | |
| | | |
| Expiration Date: | | Card Code (on back): |
| Additional Donation: \$ | | Total Remitted: \$ |
| Cardholder Name: | | |
| Signature: | | |
| <i>Please make checks payable to: Colleen Mitchel Memorial Fund -- Please mail this form with payment by May 26</i> | | |
| <i>Sorry, no refunds for cancellations or no shows</i> | | |

RELEASE OF LIABILITY: Each participant (or parent/guardian if under 18) MUST sign the agreement below: I assume all risks associated with my participation in this race, including but not limited to, falls, contact with other participants, the effects of the weather including high heat and/or humidity, the conditions of the road and path and traffic on the course, all such risks being known and appreciated by me. I, for myself and anyone else acting on my behalf, waive and release Community Foundation for Montgomery County, an affiliate of the Community Foundation for the National Capital Region, Grace Episcopal Day School, Safety and Health Foundation and all other sponsors and organizers, their representatives and successors from any and all claims or liabilities of any kind arising out of my participation in this event, including any claim or liability arising out of the negligence of any person. I grant permission to Colleen's BA 5K and 1 Mile Fun Run/Walk to use photographs, video, or any other record of this event for any legitimate purpose without compensation to me. For safety reasons, I agree not to run with any of the following: strollers, baby joggers, skates, pets or headsets.

SIGNATURE OF PARTICIPANT OR PARENT/GUARDIAN IF UNDER 18 _____ DATE: _____

THANK YOU!

Colleen's BA 5K and 1 Mile Fun Run/Walk
 c/o Colleen Mitchel Memorial Fund
 PO Box 534
 Kensington, MD 20895
 colleensba5k@gmail.com
 www.colleensba5k.org