



www.RunForTheAnimals.com

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PO Box 45

Accomac VA 23301

757 ~ 999 ~ 4999

For Office Use

BIB #

Choose Your Distance	Registration Fee	Reduced Student Fee <i>Must be full time</i>	Additional Donation	Total Enclosed
<input type="checkbox"/> Half Marathon (13.1 miles)	\$40 (\$50 after March 31)	\$20 (\$25 after March 31)	\$	\$
<input type="checkbox"/> 10 K (6.2 miles)	\$40 (\$50 after March 31)	\$20 (\$25 after March 31)	\$	\$
<input type="checkbox"/> 5 K (3.1 miles) Run/Walk (Non-Competitive)	\$40 (\$50 after March 31)	\$20 (\$25 after March 31)	\$	\$

Make check payable to: Run For The Animals PO Box 45 Accomac VA 23301

GENDER	MALE OR FEMALE	<u>How did you hear about us?</u> <input type="checkbox"/> Previous Participant <input type="checkbox"/> Billboard <input type="checkbox"/> E-Mail <input type="checkbox"/> Friend <input type="checkbox"/> Facebook <input type="checkbox"/> Internet/Web <input type="checkbox"/> Newspaper/Mag _____ <input type="checkbox"/> Radio _____ <input type="checkbox"/> Flyer @ _____ <input type="checkbox"/> Other _____
AGE on Race Day		
FIRST Name		
LAST Name		
Mailing Address		
City		
State		
Zip Code		
Cell Number		
E-Mail – <i>print neatly</i>		
Emergency Contact	(name & phone #)	

Event Waiver / Release of Liability (MUST BE SIGNED)

I know that running in a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I assume all risks associated with running in this event, including, but not limited to falls, contact with other participants, the effects of the weather, including cold and high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this Waiver and knowing these facts, and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the race director, volunteers, sponsors, the Historic Onancock School Community & Cultural Center, Run for the Animals, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this Waiver. I will permit the use of my name and pictures in broadcasts, newspapers, brochures or other publications, etc.

I UNDERSTAND THAT THE ENTRY FEE IS NON – REFUNDABLE.

Signature of Participant

Signature of Parent or Guardian
If under the age of eighteen (18)