

Getting Inspired to Run for Life Registration Form

Bring completed application and check (no cash, please) to the first night
August 16, 2007 at 6:30

G.I.R.L Participant (PLEASE print)

1) Name: First: _____ Middle: _____ Last: _____

2) Address

Street: _____

City _____ State _____ Zip _____

3) Telephone: #1 _____ - _____ - _____ #2: _____ - _____ - _____

4) Email address: _____

5) Birth Date: ____/____/____

6) Have you participated in F .I. T. in the past? ___ No ___ Yes
What year(s)? _____

7) Emergency Contact

Name: _____ Phone: _____ - _____ - _____

8) Waiver -All G.I.R.L Participants: Please read and sign before participating. I know that running and volunteering to work in club races are potentially hazardous activities. I should not enter and run in club events unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to complete the run safely. I assume all risks associated with running and volunteering to work in club races including, but not limited to, falls, contact with other participants, the effects of weather, including 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 acceptance of my application for membership, I, for myself and anyone entitled to act on my behalf, waive and release the Road Runners Club of America, the Howard County Striders Inc., and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in club activities, even though that liability may arise out of negligence or carelessness on the part of the persons named in the waiver. I grant permission to all of the foregoing to use photographs, motion pictures, recordings, or any other records of these events for any legitimate purpose. I understand that bicycles, skateboards, baby joggers, roller skates or blades, animals, and radio headsets are not allowed in the races and I will abide by this guideline.

9) _____ / _____ / _____
Signature Date

Office use only

G.I.R.L Participation Fee \$ 15.00 = TOTAL \$ _____

____ Check Make check payable to: Howard County Striders, Inc.

Date Paid: ____/____/____ Check number _____