

2009 Application



October 4, 2009

Hilton Garden Inn, Chesapeake/Suffolk
Harbour View, Suffolk, VA

PLEASE PRINT CLEARLY

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Age _____ Birthday _____ Gender (please circle) M/F

SELECT ALL THAT APPLY:

_____ Individual _____ Co-Ed Team (10 miler only, rules listed on website)
_____ Team Name

EVENT: 10 Miler 5K Fun Run
SHIRT SIZE: Small Medium Large X-Large 2Xlarge

PERSONAL CHIP ID #: _____

Please include check made payable to the United Way of South Hampton Roads and return along with the application to: 6477 College Park Square Suite 212 Virginia Beach, VA 23464

➡ AMOUNT ENCLOSED: \$ _____

RELEASE AND WAIVER OF LIABILITY

No refunds, exchanges or transfers. No exceptions. Incomplete applications will not be processed. I understand that I am running a road race that is potentially dangerous activity and poses certain serious health risks. I represent that I am medically able and properly trained to participate in this Event. I have read this waiver and release and also, fully understand and agree to its terms. I, acting for myself and anyone entitled to act on my behalf, now and forever, waive, release, defend, save and hold harmless the City of Suffolk, their respective employees, representatives, and agents, race officials, volunteers, all sponsors and their representative and successors, from and against, any and all claims and liabilities, whether based on personal injury, death or monetary loss, which may arise out of my participation with this Event. I assume all risks associated with running this Event, including, falls, contact with other participants, affects of weather from heat and humidity, acts of God or the elements (including without limitation, rain, hail, hurricane, tornado, earthquake), the traffic, condition of the roadways and trails, and such other risks known and appreciated by me. In addition to foregoing, I hereby grant the right for all the foregoing to use any photographs, motion picture recording devices, or any other record of this event for legitimate purposes. I further understand that this Event is a road race conducted under the rules of the USATF, is not intended for headphones, roller or in-line skates, and dogs on leashes. I agree to abide by the USATF rules and any other applicable rules, laws or guidelines.

I hereby grant to the medical director of the Events, and his/her agents, affiliates and designees, access to all medical records (and physicians) as needed and authorize medical treatment as needed. I understand that I have the right to refuse medical care and advice of Event medical directors and representatives; if my medical condition becomes such that my mental capacity is questioned, the physician has the right to recommend and initiate my treatment. It is understood and agreed that I hereby assume liability for any and all medical expenses incurred as a result of training for and/or participation in the Event, including but not limited to ambulance transport, hospital stays, physician and pharmaceutical goods and services. I warrant that all statements made herein are true and correct and understand that Releases have relied on them in allowing me to participate in the Event.

PARTICIPANT HAS READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT. IF PARTICIPANT IS UNDER AGE OF 18 HIS/HER PARENT OF GUARDIAN MUST SIGN THIS RELEASE AND WAIVER AGREEMENT.

Signature (parent of Guardian in under 18)

Date