11th Annual StarKid 5K & Family Fun Run
Registration Form

Sunday, June 4, 2017
Fairfax Corner Shopping Center, Fairfax, VA

RUNNER/WALKER INFORMATION   **BIB NUMBER:** _____

Preferred Title: _____   **Sponsor/Company Name:** _____

First Name: _____   **MI:** _____   **Last Name:** _____   **Suffix:** _____

Street Address: _____

_____

City: _____   **State:** _____   **Zip Code:** _____

Email Address: _____

Home Phone: _____   **Cell Phone:** _____

Male: _____   **Female:** _____   **Age:** _____   **Date of Birth:** _____   **T Shirt Size:** _____

REGISTRATION FOR: **5K** _____   **Fun Run** _____   **Team Name:** _____

# of Registrations	
	Adult Registration
	Child Registration

Purchaser Name _____

Phone _____   Email _____

Address _____ City _____ ST _____ Zip _____

Payment Method   □ Cash   □ Check # _____   □ MasterCard   □ Visa   □ American Express   Card Number _____

Total Purchase Amount: _____   Signature _____

LIABILITY WAIVER MUST BE SIGNED BEFORE MAILING OR FAXING, illegible forms will be rejected. By registering for this event, I know that running a road race is a potentially hazardous activity and that I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. 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 high heat and/or humidity, traffic and the conditions of the road, 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 organizers of the Star Kid 5K Run/Walk, Inova Children's Hospital, Inova Health Foundation, Potomac River Running, Commonwealth Race Management, USATF, and all other sponsors, their representatives and successors from all claims or liabilities of any kind from arising out of my participation in this event or carelessness on the part of the persons named in this waiver. Further, I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for legitimate purposes.

X _____   **Date:** _____
Race Participant Signature (Parent or Guardian if Participant is under 18)

INOVA