



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		Purchaser Name _____	
<input type="checkbox"/>	Adult Registration	Phone _____	Email _____
<input type="checkbox"/>	Child Registration	Address _____ City _____ ST _____ Zip _____	
Payment Method <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> 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 _____
Race Participant Signature (Parent or Guardian if Participant is under 18)

Date: _____



For Office Use Only: <input type="checkbox"/> Processed by iPad	Last 4 digits of Credit Card _____	Staff Initials: _____
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