

## Registration Form

Sign up at <https://runsignup.com/Race/VA/Bedford/DisabilityAwareness5Krunwalk> or fill out the below and return to your school.

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Male     Female

Age on race day: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Street

address: \_\_\_\_\_ City: \_\_\_\_\_ State:

\_\_\_\_\_ Zip: \_\_\_\_\_

Choose a race to enter:  5K Run     5K Walk     Kids Run/Walk

T-shirt size:  S     M     L     XL     XXL



**Waiver:** In consideration of you accepting this entry, I, the participant, intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against Bedford County Public Schools and all of their agents assisting with the event, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event.

I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above waiver.

By checking this box, I agree to the waiver above

Signature (parent/guardian if under 18): \_\_\_\_\_ Date: MM / DD / YYYY