

Office Use Only

Cash/Ck#: \_\_\_\_\_ Race #: \_\_\_\_\_ Chip#: \_\_\_\_\_



# FREEDOM 5K RACE

Sponsored by Powell Wellness Center, LLC

**Monday, July 4, 2011 at 8:00 AM**

\$25.00

Checks payable to CULPEPER FESTIVAL COMMITTEE

(please print clearly)

Name \_\_\_\_\_

Gender:  Male  Female DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Age Group:  10-14  15-19  20-24  25-29  30-34  35-39  40-44  45-49  
 50-54  55-59  60+

Shirt Sizes:  S  M  L  XL  XXL (t-shirts not guaranteed after 6/11/10)

Have you participated in this race before?  Yes  No

Email Address: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Please help the Culpeper Festival Committee (a 501c3 non-profit) be able to continue holding the 4<sup>th</sup> of July event for the community. Your donations are GREATLY appreciated and needed.

I would like to help keep Culpeper's 4<sup>th</sup> of July event going. I am including a donation in the amount of \$\_\_\_\_\_. (You can write one check for the donation & registration fee) This donation is tax deductible.

**WAIVER:** In consideration of my entering the Freedom 5K Race, I automatically waive and release any and all claims for damage and/or injury I, or anyone acting in my behalf, may have against the competition and all its sponsors, including, but not confined to the Culpeper Festival Committee, the Town and County of Culpeper, Powell Wellness Center, LLC and Culpeper Regional Health Systems, and any and all of its sponsors, volunteers, employees, directors, and officers of the corporation(s). I verify I am physically fit and have trained for this competition. I grant full permission to any and all of the foregoing and/or their representatives to transport me to the nearest physician or hospital for medical treatment and agree to allow for immediate first aid, if and when deemed necessary. I grant full permission to any and all of the foregoing and/or their representatives to use any photographs and/or videotapes for any legitimate purpose.

**PARTICIPANT SIGNATURE:** \_\_\_\_\_

**PARENT OR GUARDIAN SIGNATURE:** \_\_\_\_\_

(if participant is under age 18 years of age)

**DATE:** \_\_\_\_\_