

Riverfront Revolution

Saturday, May 15, 2010

National Harbor, MD

8:00 AM

Print a copy of this form, fill it out, and send it to Taylored 4 Life to register.

Register early and save!

Entry Fees

10K: \$35; then \$40 after 4/24; \$40 race day

5K: \$25; then \$30 after 4/24; \$30 race day

1-Mile Fun Run: \$15

Kiddy Run: \$10

Make checks payable to **Vibrant Health & Wellness Foundation.**

Mail the form and check to:

Taylored4life

PO Box 4204 Capital Heights, MD 20791

If paying by credit card, mail it to the above address, or fax it to:

(301) 499-3198.

(Do not fax after May 10)

See the race Web site at www.riverfrontrevolution.com.

Please print! Illegible forms will be rejected.

This event will be timed using the Disposable Chip system.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Sex: _____ Age on Race Day: _____ Phone: (_____) _____

T-Shirt size: S M L X E-mail address: _____

Event: 10K 5K 1-Mile Fun Run Kiddy Run

My first race ever! Yes, I would like to receive the free, information of health-fitness activities.

How did you learn about this race? _____

Credit Card Information: MasterCard Visa

Credit Card No: _____

Expiration Date: _____ Cardholder's Signature: _____

LIABILITY WAIVER MUST BE SIGNED BEFORE MAILING OR FAXING:

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 Riverfront Revolution, Vibrant Health and Wellness Foundation, Taylored 4 Life, USATF, and all other sponsors, their representatives and successors from all claims or liabilities of any kind 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.

Signature: _____ Date: _____

(Parent or guardian if under 18)