



**MEMORIAL DAY 10K RUN
& 2 MILE WALK
for JDRF
MONDAY, MAY 27, 2013
(One form per participant)**



Last Name (Print): _____ First Name(Print): _____

Street Address: _____ City _____ ST _____ ZIP: _____

Email (print): _____ Phone: _____

Event (circle): 10K Run 2 Mile Walk Age Race Day: _____ Gender(circle): M F

Shirts: 10K Run (Unisex, wicking) S M L XL XXL

2 Mile Walk (Unisex, cotton) YS YM YL S M L XL XXL

PAPER FEES:
 _____ \$30 - 10k
 _____ \$20 - 2 M Walk/Adults
 _____ \$15 - 2 M Walk Child (12 & under)

REGISTER ONLINE: SAVE TIME & MONEY
www.riversiderunners.com
10K \$25 (\$20 LRRC Members bv 5/11/13)

Checks payable to LRRC – Proceeds go to JDRF Additional Donation Amount: _____

MAIL TO: Riverside Runners, attn: 10K, 2480 Rivermont Ave., Lynchburg, VA 24503

ENTRY FEES ARE NOT REFUNDABLE AND ARE NOT TRANSFERABLE

10K RUN WAIVER (Must be signed!): I know that participating in a road race is a potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with participating in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, the conditions of the road and race course, all such risks being known and appreciated by me. **I understand that animals, strollers, baby joggers, and similar items are not allowed in the race, except as required by an ADA participant.** 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 Lynchburg Road Runners Club, Road Runners Club of America, City of Lynchburg, Juvenile Diabetes Research Foundation, and all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. I attest that I have read the rules of the race and agree to abide by all race rules.

Signature/Date _____
(Guardian if participant is under 18 years of age)

2 MILE WALK WAIVER (Must be signed!): I hereby waive all claims against JDRF, LRRC, event sponsors and event personnel for any injury I might suffer in this event. I authorize JDRF or LRRC to use my name and/or any photographs of me at the event to promote or advertise any JDRF Walk to Cure Diabetes event.

Signature/Date _____
(Guardian if participant is under 18 years of age)