



City of Fairfax Fire Department Benevolent Fund Firefighter 5K



4th Annual Firefighters Fund 5K

Registration Form

PLEASE PRINT NEATLY USING CAPITAL LETTERS - COMPLETE ENTIRE FORM

Registration: \$25 pre-registration (through November 1, 2013)

Race Day: \$30 (November 3, 2013)

Check payable to: City of Fairfax Fire Benevolent Fund

Mail to: City of Fairfax Fire Fighters 5k, 10455 Armstrong Street, RM 208 Fairfax, VA 22030



Participant Information

Name (FIRST): _____ (LAST): _____

Address: _____ Apt #/ Suite: _____ Phone (day): _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Circle: Male Female Birth date: _____ Age On Race Day _____
Month / Day / Year

WAIVER: (must be signed)

I recognize that running a road race is a potentially hazardous activity. I have read the race flyer and am familiar with the course, procedures, and rules. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of race officials 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 snow and or ice, 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 4th Annual Firefighters Fund 5K

5K its directors, officers, staff, and volunteers, the city of Fairfax Fire Benevolent Fund, the City of Fairfax, Virginia and its employees, and all 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. Further, I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Signature of Athlete _____ (Signature of parent if under 18 years old) _____ Date _____

IF ATHLETE IS UNDER AGE 18, HIS/HER PARENT MUST SIGN THIS RELEASE AND WAIVER AGREEMENT. Athlete's Parent or Guardian's signature above certifies that his/her son/daughter/ward has his/her permission to participate in the Event and agrees and attests to all items stated in above waiver.

Registration Fee \$ _____ Pre-registration: \$25
Race Day Registration: \$30

Total: \$ _____ (Checks payable to: City of Fairfax Fire Benevolent Fund)