

NRC Solomons 5K Run/Walk 2004 Series

REGISTRATION FORM

NAME _____
 Last First Middle Initial

ADDRESS _____
 Street Apartment #

 City State Zip Code

Email Address: _____

DAY PHONE ____-____-____ DOB ____-____-____ AGE ____ GENDER: M F

Event Participation: (please circle one) Walker 5K Runner

Status: (please circle one) Military Dependent DoD Civilian Other

Race	Date	*Pre-Registration Fee	*On-site Registration Fee
#1	Mar. 13 - Shamrock 5K	___ if pd. by March 7	*Please contact the Adventure Zone for pre-registration fee and registration fee information.
#2	July 4 - Let Freedom Run	___ if pd. by June 27	
#3	Oct. 31 - Ghoulish Gallop	___ if pd. by Oct. 24	
#4	Nov. 20 - Turkey Trot	___ if pd. by Nov. 14	
#5	Dec. 18 - Jingle Bell Run	___ if pd. by Dec. 12	

*Race Series Discount - Pre-register for all 5 races and get the 5th race for free!
 (Must participate in races 1- 4 to be eligible for the 5th race for free).*

Course: Flat course along scenic Patuxent River Registration begins at 8:30 A.M.

Awards: Overall male and female finisher

Age Groups: 15-18, 19-29, 30-39, 40-49, 50-over Race begins at 9 A.M. SHARP!

Total payment enclosed \$ _____

___ Check/Money Order enclosed Make checks payable to: MWR NRC Solomons
There is a \$25.00 fee for each returned check.

___ Visa ___ Master Card ___ American Express ___ Discover/Novus

Expiration Date: ____-____ Card #: _____

Cardholders Signature: _____ Date: _____

Mail Registration Form and Entry Fee to : MWR NRC Solomons
 ATTN.: 2004 5K Run/Walk Series
 P.O. Box 147
 Solomons, MD 20688

Credit Card Registration Forms may be faxed to : (410) 326-5241

Waiver: I know that running this race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by all decisions of the race officials relative to my ability to complete the race safely. I assume all the risks associated with participating in this event, including but not limited to falls, contact with other participants, the effects of weather, including high heat, humidity, traffic and the conditions of the road, all risks being known and appreciated by me. Knowing these facts, and in consideration of your accepting my entry, I hereby for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf covenant not to sue, and waive, release, sponsors, their representatives, and successors or anyone acting on their behalf, from any and all claims of liability for death, personal injury, or property damage of any kind of nature whatsoever arising out of, or in the course of my participation in this event.

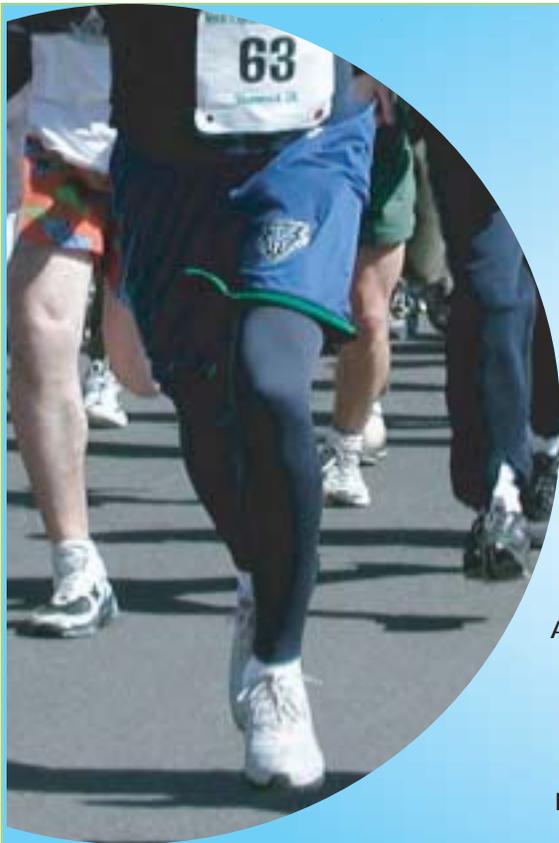
The undersigned further grants full permission to MWR and/or agents authorized by them to use photographs, videotapes, recordings, or any other record of this event for any legitimate purpose.

Signature _____ Date _____

Signature of Parent or Guardian Required if under 18 years of age _____ Date _____

Visit us on the World Wide Web at
www.ndw.navy.mil/mwr/nrcsolomons.html
or call (410) 326-7165/5104

NAVY RECREATION CENTER SOLOMONS
5K Run/Walk Series
P.O. Box 147, MD Route 2/4
Solomons, MD 20688



Navy Recreation Center Solomons

5K Run/Walk Series

- #1 March 13 - Shamrock Shuttle
- #2 July 4 - Let Freedom Run
- #3 Oct. 31 - Ghoulish Gallop
- #4 Nov. 20 - Turkey Trot
- #5 Dec. 18 - Jingle Bell Run

All branches of the Military & DoD Civilians are eligible.

For more information call (410) 326-7165

