

Boo! Run for Life 10K Run, 2-Mile Walk

Sunday, October 12, 2008

Washington, DC

8:00 am

Print this form, fill it out, and send it to Capital Running Company to register.

Make checks payable to **Dean R. O'Neill Renal Cell Cancer Research Fund.**

Mail the form and check to:

Boo! Run for Life 10K

13710 Ashby Road

Rockville, MD 20853-2903

If paying by credit card, mail this form to the above address, or fax it to: (301) 871-0006.

Entry Fees:

10K Race

\$23 through July 30; \$25 through Sept. 28
\$30 thereafter

2-Mile Walk

\$20 through July 30; \$22 through Sept. 28
\$27 thereafter

Please print! Illegible forms will be rejected.

This event will be timed using the ChronoTrack disposable D-tag system.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Sex: _____ Age on Race Day: _____ E-mail: _____

Event: 10K 2-Mile Walk My first race! Phone:(_____)_____

Adult T-Shirt size: S M L XL

How did you learn about this race? _____

Yes, I want to receive the free, bi-weekly eNewsletter, *WRR Express* (provide e-mail address above)

Additional contribution to the Dean R. O'Neill Renal Cell Cancer Research Fund: \$_____

Credit Card No: _____ Expiration Date: _____

MasterCard Visa 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 Boo! Run for Life, the Dean R. O'Neill Renal Cell Cancer Research Fund, the Foundation for the National Institutes of Health, Capital Running Company, 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 (parent or guardian if under 18): _____ Date: _____