

***Run for Recovery, Run for the Children* Official Registration Form**
Marine Corps Marathon or 10K – October 31, 2010

Last name _____ First name _____ Middle initial _____
Address _____
City _____ State _____ Zip _____ County _____
Date of birth (MM/DD/YY) _____ Age on Race Day _____
(circle one) Gender M / F _____ U.S. Citizen? Y / N _____
Day phone _____ Evening phone _____
E-mail Address _____
Shirt Size Men's ___ S ___ M ___ L ___ XL ___ XXL Women's ___ S ___ M ___ L ___ XL ___ XXL
Champion Chip # (if you own your chip) _____ Full Marathon ___ 10K
Anticipated finish time _____ hours _____ minutes (check applicable)

Waivers and Disclaimers

I have full knowledge of and assume the risks (heat exhaustion, heat stroke, personal injury, etc.) involved in training for and participating in *Run for Recovery, Run for the Children* in the Marine Corps Marathon or 10K race. I represent that I am physically fit and sufficiently trained to participate therein. Because you are relying on these representations and in consideration of your accepting my entry into the said race, I, for myself, my executors, administrators and assignees, do hereby release and discharge Faces & Voices of Recovery, NACoA and D.C. Recovery Community Alliance, sponsors of *Run for Recovery, Run for the Children*, and the respective officers, directors, agents and employees of the foregoing jointly and separately, from and against any and all actions, claims, demands or damages which in any way arise out of or result from my training for or participating in the said race and any-related events. I further agree you may subsequently use for publicity and/or promotional purposes, without any obligation or liability to me, my name and any photo of my participating in the said race. I have carefully read and do understand the foregoing Waiver and certify that I am signing it of my own free will.

I agree to the above waivers and disclaimers.

Participant's signature _____ Date _____

Parent or Guardian's signature is required if participant is under 18 years of age
_____ Date _____

_____ I have included my \$75 (10K)/\$100 (Full Marathon) registration fee made payable to NACoA.

_____ Please charge my \$75 (10K)/\$100 (Full Marathon) registration fee to the credit card listed below

All participants are required to provide a credit card number upon registration.

_____ VISA _____ MasterCard _____ American Express Credit Card #: _____

Credit Card Security Code: _____ Expiration date: _____

I accept my commitment to raise the required minimum fundraising amount of \$300 before race day. If I have not reached my goal you may charge my credit card the balance of my commitment.

Participant's signature _____ Date _____

Run for Recovery, Run for the Children

11426 Rockville Pike, Suite 301
Rockville, MD 20852
Fax (301) 468-0987

If you have questions, e-mail jendicott@nacoa.org

Thank you!