

**APPLICATION**  
**South Riding Running Club 2010 Winter Half-Marathon Training Program**  
**January 18 – April 19th**

Please complete this form to register for the winter half-marathon training program. Please read the program waiver carefully and sign the form. Your signature indicates your understanding of the program waiver. You must have a signed waiver on file before participating. You must be a current SRRC member. Membership information and forms are available at [www.srrunners.org](http://www.srrunners.org).

Make checks payable to SRRC. Mail this completed form and \$45 for each registered individual to: SRRC, c/o Alison Gittelman, 42663 Freedom Street, South Riding, VA 20152 or bring the form and your payment to the informational meeting at Starbucks on January 16<sup>th</sup> at 11:00am.

**Waiver**

**I know that running and exercise are potentially hazardous activities. I should not enter and run unless I am medically able. I agree to abide by any decision of a program official relative to my ability to safely complete the program. I assume all risks associated with running and exercising in this program 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 or track, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my application, I, for myself and anyone entitled to act on my behalf, waive and release South Riding Running Club, the program directors and coaches, all sponsors, their representatives and successors from all claims or liabilities related in any manner to or arising in connection with my participation in this program even though that liability may arise out of negligence or carelessness on the part of the persons named in the waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this running program for any legitimate purpose.**

Participant:

**Name (PLEASE PRINT):** Last Name \_\_\_\_\_; First Name \_\_\_\_\_

Consenting Parent/Guardian Name if Registrant is under 18:

**Name (PLEASE PRINT):** Last Name \_\_\_\_\_; First Name \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_

**Phone number:** (\_\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

**e-mail address:** \_\_\_\_\_

**Participant Signature & Date (mm/dd/yy):**

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

**If under 18: Consenting Parent/Guardian Signature & Date**

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**ENTRY NOT VALID WITHOUT SIGNATURE**