

**REGISTRATION**  
**South Riding Running Club Summer Speed Series**  
**Every Thursday, 6:30-8:00 PM, June 12 through August 28, 2008**  
**Freedom High School**

Please complete this form to register for the 2008 SRRC Summer Speed Series. Please read the program waiver carefully and be sure to sign the form. Your signature indicates your understanding of the program waiver. You may also register at the track, but advance registration is helpful. You must have a signed waiver on file before participating.

Make checks payable to SRRC. Mail this completed form and \$25 for each registered individual to: SRRC, c/o 42663 Freedom Street, South Riding, VA 20152. *Registration fees are non-refundable.*

**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 the South Riding Running Club, the Loudoun County School Board, 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**