

APPLICATION
South Riding Running Club Speed Series
Freedom High School

Please complete this form to register for the Speed Series. Please read the program waiver carefully and 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. **You must be a current SRRC member.** Membership information and forms are available at www.srrunners.org. Make checks payable to SRRC. Mail this completed form and \$60 for each registered individual to: SRRC, c/o Adam Borbidge, 42807 Flannigan Terrace, South Riding, VA 20152

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, Amanda Pagon, 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

_____/_____/____

NOT VALID WITHOUT SIGNATURE