DC Road Runners Race Registration

Date:	Race Name:	Location:

Race Waiver:
I know that running is a potentially hazardous activity. I should not run unless I am medically able and properly trained. I assume all risks associated with running and participation in the Personal Fitness Program. I have 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 DC Road Runners and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this program though the liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

#	Chip	First	Last	Birth Date	Sex	City	ST	member/fee
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								