Anchors Aweigh 5k Registration Form

Please legibly PRINT all fields below. Once complete, sign the form, attach your payment, and remit to the Race Director or mail to: P.O. Box 486, North East, MD. Questions about this form? Call: 443-252-0331 or email andrea@bluecheetahtiming.com. Please make all checks payable to "Chesapeake Isle Civic Assn" or "CICA"

Event Name and Date: Anchors Aweigh 5K - March 17, 2018 **BIB#** ______________ ***office use only***

Last Name: ☐☐☐☐☐☐☐☐☐☐☐☐ First Name: ☐☐☐☐☐☐☐☐☐☐

BIRTH DATE: MM ☐☐ **DD** ☐☐ **YY** ☐☐ **Gender/Sex:** ☐ **M** ☐ **F**

Address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ State: ☐☐ Zip Code: ☐☐☐☐☐

Phone: ☐☐☐☐☐☐☐☐☐☐ T-Shirt Size: ☐ Small ☐ Medium ☐ Large ☐ X-Large

E-mail: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Emergency Contact Name: ________________________________ Phone: ☐☐☐☐☐☐☐☐☐☐

Fee: __________

☐ 5K only ($25)

☐ 5K plus Post-Race Party 21+ ($35)

☐ 5K plus Post-Race Party 10-20 ($30)

☐ 5K plus Post-Race Party under 10 ($25)

☐ Post-Race Party only 21+ ($15)

☐ Post-Race Party only 10-20 ($10)

☐ Post-Race Party under 10 ($5)

*** Day-of-Race registration add $5.00 in all categories.*

LIABILITY WAIVER: I UNDERSTAND THAT RUNNING A ROAD RACE IS A POTENTIALLY HAZARDOUS ACTIVITY. I SHOULD NOT ENTER AND RUN UNLESS I AM MEDICALLY ABLE TO DO SO AND PROPERLY TRAINED. I AGREE TO ABIDE BY ANY DECISION OF A RACE OFFICIAL RELATIVE TO MY ABILITY TO SAFELY COMPLETE THE RUN. I ASSUME ALL RISKS ASSOCIATED WITH RUNNING IN THIS EVENT INCLUDING, BUT NOT LIMITED TO: FALLS, CONTACT WITH OTHER PARTICIPANTS, THE EFFECTS OF THE WEATHER, INCLUDING HEAT/HUMIDITY, TRAFFIC AND THE CONDITIONS OF THE ROAD AND ALL SUCH RISKS BEING KNOWN AND APPRECIATED BY ME. HAVING 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 BLUE CHEETAH SPORTS TIMING, LLC., AND ALL SPONSORS, THEIR REPRESENTATIVES, AND SUCCESSORS FROM ALL CLAIMS OR LIABILITIES OF ANY KIND ARISING OUT OF MY PARTICIPATION IN THIS EVENT EVEN THOUGH THAT LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF THE PERSONS NAMED IN THIS WAIVER. I HAVE READ THE LIABILITY WAIVER AND UNDERSTAND THE INHERENT RISKS WITH THIS ACTIVITY. I GRANT PERMISSION TO ALL OF THE FOREGOING TO USE ANY PHOTOGRAPHS, MOTION PICTURES, RECORDINGS, OR ANY OTHER RECORD OF THIS EVENT FOR ANY LEGITIMATE PURPOSE. I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER, OR THAT I AM THE PARENT/GUARDIAN OF THE ENTRANT AND AM GRANTING PERMISSION FOR HIM/HER TO PARTICIPATE.

Signature: ____________________________________ Parent/Guardian: _______________________________