Mail-In Registration Info

All entries must be postmarked no later than **Monday, October 12, 2009**, or you may register at packet pickup.

Don't wait - Register Now!

A separate form is required for each runner — photocopies accepted. Each entry must be signed by parent or guardian. A single check is okay. **Parents: Please print all information**.

Make check payable to MCRRC. Mail to:

MCRRC/HYR
P.O. Box 1703
Rockville, MD 20849

Which Race? ❒ **1/4** ❒ **1/2** ❒ **1 Mile**

Runner Name:

_____

First Last

Age_____ ❒ **Boy** ❒ **Girl**

Parent/Guardian Name:

_____

First Last

Address_____

City_____**State**_____**Zip**_____

Telephone (____)_____

School_____

❒ **Donation to Sports Plus:**_____
(see event charities)

❒ **Entry Fee (check one) For race and T-shirt:** Race Only, $12.00

Total: _____
$12.00

Size ❒ **8-10** ❒ **10-12** ❒ **14-16** ❒ **Adult Sm** ❒ **Med** ❒ **Large**

WAIVER

The undersigned is the parent or legal guardian of the minor whose name appears above (see Runner Name). I know that running is a potentially hazardous activity and that the minor should not enter and run unless medically able and properly trained. On behalf of the minor for whose benefit I am executing this waiver, 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 and humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I agree to abide by any decision of a race official relative to the minor's ability to safely complete the run. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself, the minor and anyone entitled to act on my behalf, waive and release the Montgomery County Road Runners Club, Inc., the Road Runners Club of America, Darcars Volvo, and any sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I further authorize and empower the event director to consent to and authorize any medical care or treatment for the minor which may appear reasonably necessary as a result of emergency, accident or illness of the minor whether occurring before, during or after the event. I grant full permission to the foregoing to use photographs and recordings of the minor or this event for any legitimate purpose without compensation.

_____

Parent or guardian signature

Questions?

See our website **www.halloweenyoungrun.com**, or contact **hyr@mcrrc.org**.