

Springfield Knights of Columbus

5K Run and Fun Walk

Springfield Council #6153

Registration Form

Race will be held on Saturday, September 3, 2005 at 9:00 a.m. at Burke Lake Park – Shelter A.

____ \$15.00 Pre-Registration ____ \$20.00 After 8/20/2005 ____ \$25.00 Day of Race (Entry fees are not refundable)
Entry includes a quality T-shirt, a post race celebration with food and refreshments, and an opportunity to support a worthwhile cause.

Additional Donation (Optional) ☐ \$5 ☐ \$10 ☐ \$15 ☐ Other \$ _____

Circle shirt size: M L XL XXL

____ Sex Age (as of 9/3/05) _____ Date of Birth _____

____ 5K Run ____ 5K Fun Walk

Name _____

Address _____

City, State, ZIP _____

Daytime phone _____ Evening phone _____

Email address _____

☐ I have Internet access to get race results, do not mail results.

MAKE CHECKS PAYABLE TO:

Knights Of Columbus
5K Race Entry
P.O. Box 2042
Springfield, VA 22152

Entries must be postmarked by Saturday, August 20, 2005 to be considered pre-registered.

Sorry, absolutely no pets will be permitted on the course or at the shelter.

RELEASE & WAIVER: I know that running is a potentially hazardous activity. I also know that there will be traffic on the course route, and I assume the risk of running in traffic. I also assume any and all other risks associated with running this event including, but not limited to, falls, contact with other participants, the affects of the weather including high heat and/or humidity, all such risks being known and appreciated by me. Knowing these facts, and in consideration of your accepting my entry fee, I hereby, for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release, and discharge the Knights of Columbus, all sponsors, race officials and volunteers, the County of Fairfax and the State of Virginia including their agents, employees, assigns, or anyone acting on their behalf, from any and all claims of liability for death, personal injury or property damage of any kind or nature whatsoever arising out of, or in the course of, my participation in this event. This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. I, the undersigned, further grant permission for the use of any photographs, videotapes, motion pictures, or any other recording of this event for any purpose. The race director reserves the right to reject any entry.

Entry Signature _____ Date _____

Parents Signature (required of entrants under 18)

_____ Date _____

Proceeds from this event will go to help citizens of Virginia with mental retardation through the Knights of Columbus KOVAR program and to the Knights of Columbus St. Bernadette's Scholarship Fund. Please, even if you do not intend to participate in this event, we ask that you consider making a donation to these worthy causes.

Questions: Call Troy Maisel at (703) 922-4350 or send email to Troy@GenComUSA.com.