

Make Checks Payable to: Urbana High School Athletic Boosters

Send completed entry form and payment to:

CJ Ecalono: 3471 Campus Drive, Ijamsville, Maryland 21754

For More Information : Contact CJ Ecalono, Race Director: Charles.Ecalono@fcps.org

Amt. Enclosed: \$ _____ 5K _____ 1K _____ Male _____ Female _____ Age _____

Name: _____

Liability Waiver: I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able 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 and/or humidity, traffic and the conditions of the road and/or trail, 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 Urbana High School, Track and Field Program, Cross Country Program, 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.

Signature: _____ **Date:** _____

(parent or guardian, if under 18)

Proceeds Benefit Urbana Cross Country and Track and Field Programs