

For official use only:
Team Name (if applicable):

YOUTH POWER

5K CHALLENGE

For official use only:
Bib Number:

Saturday, May 29th • Indian Head Rail Trail in White Plains
Registration starts at 7:45 a.m. • Race and walk starts at 8:30 a.m.
Host and beneficiary: Tri-County Youth Services Bureau (www.tcysb.org)
For more information, please call TCYSB at 301-866-5333 or email jdehaven@tcysb.org
Visit our 5k race website! www.youthpower5kchallenge.com

Name: _____

Street & Apt. Number: _____

Phone Number: _____

Email: _____

Age: _____

Birth Date: _____

Gender: Male Female

Fee: Register on or before May 28th: \$20 for individuals ages 13 and up; \$15 per person for a team of three or more persons.

Payment: If you are registering by mail, please make out check/money order to TCYSB and mail to:

TCYSB
Attn: Janet DeHaven
P.O. Box 1798
Waldorf, MD 20604
Please do not mail cash

OR register online at:
<http://youthpower5kchallenge.eventbrite.com>

Team Options: To register a team, a representative should complete the information above and then list all the names of team members on the back of this registration form. The waiver form can be signed on race day.

Waiver Form

I know that running a 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 the event, including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, 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 hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, waive and release any and all sponsors, their representatives or successors, from all claims or liability for death, personal injury, or property damage of any kind or nature whatsoever arising out of, or in the course of, my participating in this event whether same be caused by negligence or fault. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. The undersigned further grants full permission to sponsors and or agents authorized by them to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any purpose. Minors accepted only with a parent or guardian's signature.

First and Last Name (printed legibly): _____

Signature: _____ Date: _____