**Crofton Kiwanis/Team Surlis RE/MAX**

**10K Challenge & 5K Run**

Saturday, JUNE 8, 2024

8 AM start time

Circle, entering to run the: 10K or 5K

Shirt size: S M L XL (Sizes are unisex.)

Plus limited number of Youth Small

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State/Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race Day Age: \_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

-

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please review & sign the release and waiver.**

**RELEASE AND WAIVER (MUST BE SIGNED):**

I KNOW THAT RUNNING A ROAD RACE IS A

POTENTIALLY HAZARDOUS ACTIVITY. I am

medically able and properly trained to participate in

this event. I assume all risk with running in this event,

including, but not limited to: falls, contact with other

participants, the effects of the weather, heat and humidity,

and road conditions, with the potential for heat stroke or

exhaustion, and even death. All such risks are known and

appreciated by me. Having read this WAIVER and knowing

these facts and in consideration of accepting my entry, I

hereby for myself, my heirs, executors, and administrators

or anyone else who might claim on my behalf, covenant

not to sue, and waive, release and discharge the Crofton

Kiwanis Club, the Crofton Kiwanis Foundation, the Crofton

Country Club (including the 1691 Limited Partnership and

Civic Association, all race sponsors, their representatives

and successors, and the race directors from all claims and

liabilities of any kind arising out of my participation in this

event. I grant permission to all the foregoing to use any

photograph, motion pictures, recordings or any other record

of this event for any legitimate purpose. I attest that I have

properly trained for this event.

**Parent or Guardian must sign for runners under 18**

**years of age.**

**SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Make Checks Payable/Send to:**

Crofton Kiwanis Foundation; PO Box 3101; Crofton, MD 21114

**Entry Fee:**

$25.00 – Child, age 7 to 14

$35.00 – Ages 15 and up.

$40.00 – Race Day

**The Kiwanis Foundation of Crofton wishes to thank you for participating in our Charity Race, helping our community and our neighbors!**