



Run 4 Your Mom Mother's Day Four Miler



Sunday, May 10, 2020 -- 6:00 PM

Fletcher's Cove, 4940 Canal Road NW, Washington DC
on C&O Canal Towpath

Enter on-line at

www.safetyandhealthfoundation.org/mothers



- Entry Fees:** \$20 after January 1 • \$25 after February 1 • \$30 after March 1 • \$35 after April 1 • \$40 after May 1
- Packet pick-up:** Sunday, May 12, 5:15 PM to 5:45 PM, on-site at Fletcher's Cove (no race-day registration)
- Assisted by:** DC Capital Striders Running Group & Safety And Health Foundation
- Call to Sponsors:** We welcome sponsors. See www.safetyandhealthfoundation.org/mothers/sponsor.pdf
- Awards:** Top 3 M/F overall; Top M/F in age groups 19 & under, 20-29, 30-39, 40-49, 50-59, 60-69, 70 & over
Top 3 mother-son teams, Top 3 mother-daughter teams
- Directions and Free Parking:** www.fletcherscove.com/directions.htm
- Limit:** Limited to the first 300 entrants **T-shirts:** High-quality colorful, eco friendly t-shirts
- More Info/Contact:** Jay Jacob Wind racedirector@att.net (703-927-4833)

To enter by mail, please send this form to SHF, 611 South Ivy Street, Arlington VA 22204

By entering this event, I agree, warrant, and covenant as follows: I know running is a potentially hazardous activity. I should not enter or run in competitive runs 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 race including, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release National Park Service, District of Columbia, RRCA, USATF, Women's Health Network, DC Capital Striders Running Group, Safety And Health Foundation, all race organizers and all sponsors, their directors, directors, officers, employees, agents, 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 acknowledge that the application fee shall be non-refundable. I agree that the organizers of this event may use my name and likeness for publicity purposes.

Signature _____
(parent or guardian if under 18)

Name _____ Gender ___ [M/F] Age on 5/10/2020 ___

Address _____

City State ZIP _____

Phone _____ - _____ - _____ Date of birth _____ - _____ - _____

E-mail _____

Mother-Daughter Team Name _____ Mother-Son Team Name _____

Mother-Daughter Team Mate _____ Mother-Son Team Mate _____

T-shirt ___ (S) (M) (L) (XL) Entry Fees:
\$20 after January 1 • \$25 after February 1 • \$30 after March 1 • \$35 after April 1 • \$40 after May 1

Enclosed is an additional donation [_____] to DC Capital Striders [_____] to SHF
Please make your separate check payable to DCCS or SHF