



Teddy Bear 5K & 1K Fun Walk/Run

Sunday, September 29, 2013, 4:00 PM

to benefit Falls Church-McLean Children's Center

W&OD Trail from American Legion Post 130, 400 North Oak Street, Falls Church VA

REGISTRATION FORM (one for each participant)

Send checks to: FCMLCC, 7230 Idylwood Road, Falls Church VA 22043

Thank You for participating in the **first Teddy Bear 5K & 1K Fun Walk/Run.**

Entry fees and sponsorships support **Falls Church-McLean Children's Center**, a high-quality early childhood education program dedicated to helping all children, regardless of their family's resources, to build the skills needed for a strong foundation on which to build the rest of their lives. Established in 1968, the Children's Center reserves 60% of its 75 spaces for children from low-income, working families in our community to assure that they start Kindergarten ready to learn, without a learning gap. Through events and other private funding, we can keep high-quality education program accessible to the children who need it the most. Details about the Center are at www.fcmlcc.org.

Name _____

Address _____

City _____ ST ____ ZIP _____

E-mail _____ **Adult T-shirt size** S M L X XX

Child T-Shirt size S M L X XX

Birthdate ____ - ____ - ____ (mm-dd-yyyy) Age on 09/29/2013 ____ Gender ____ (M F)

Day Phone ____ - ____ - ____ Evening Phone ____ - ____ - ____

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|--|---|
| <input type="checkbox"/> Enclosed is my 5K Runner's entry fee: | <input type="checkbox"/> \$30 by September 26 |
| Do Not Mail After September 26 Bring form to race | <input type="checkbox"/> \$35 at packet pickup on September 28 or at race |
| | <input type="checkbox"/> \$40 September 29 |
| <input type="checkbox"/> Enclosed is my 1K Run/Walk entry fee: | <input type="checkbox"/> \$15 before September 26 |
| Do Not Mail After September 26 Bring form to race | <input type="checkbox"/> \$20 Race Day Registration |

Please charge my card for \$ _____
 Card Number: _____ - _____ - _____ - _____ Exp.Date ____ - ____
 Name on Card _____ Card Code _____

Scholarships available. Call 703-534-4907.

Participant Waiver

By entering this event, I agree, warrant and covenant as follows: I know that running is a potentially hazardous activity. I should not enter or run in this event 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 the Falls Church-McLean Children's Center, Safety And Health Foundation Inc., the American Legion 130, City of Falls Church, Virginia, Fairfax County Virginia, and all sponsors, their directors, elected and appointed officials, employees, officers, 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 is non-refundable. I agree that you may use my name, photo, and likeness for publicity purposes.

Signature _____ Date _____
 (parent or guardian if under 18)

Falls Church-McLean Children's Center is proud to be chosen as one of the 146 best nonprofit organizations in the Greater Washington area by the Catalogue for Philanthropy.

