

CFC RUN/WALK REGISTRATION FORM

Fax completed form to Walt Bruce at (757) 864-4458 by Wednesday, October 26, or bring race day at 4:30pm in front of the old Reid Center (B1222)

NAME (Print): _____ SEX (Circle): M F

AGE*: _____ DOB* (MM/DD/YYYY): _____

***Only Required for 5K to Determine Age Group Award Winners**

ORG-CODE: _____ EMPLOYER (NASA/Contractor/Guest): _____

DISTANCE (Circle One): 5K 2 Miles

PARTICIPANT WAIVER OF RIGHTS AND CLAIMS FOR PERSONAL INJURY AND PROPERTY DAMAGE

I am aware that participation in this event involves the possibility of bodily injury and/or property damage from risks and dangers that include, but are not limited to, physical exertion, physical contact between participants, and course conditions.

I understand and agree that neither NASA, NASA Langley Research Center, the Combined Federal Campaign, NASA Langley Exchange, the Federal Government, nor their employees warrant or guarantee my safety from property damage or personal injury or harm of whatsoever kind or nature that might result from my participation in this event.

AS A CONDITION TO MY PARTICIPATION IN THIS EVENT, I HEREBY VOLUNTARILY, INTELLIGENTLY, AND KNOWINGLY WAIVE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES FOR ANY PROPERTY LOSS OR PERSONAL INJURY OF WHATSOEVER NATURE OR KIND WHICH MAY HEREAFTER ACCRUE TO ME AS A RESULT OF ANY AND ALL INJURIES (BODILY INJURY OR PROPERTY DAMAGE) I MIGHT SUFFER FROM MY PARTICIPATION IN THIS EVENT.

This waiver of liability shall remain in effect for the duration of the event.

Participant's signature

Date