

**9th Annual Owen Lea  
Foundation 5K/10K  
Run/Walk and Youth  
.5K Tail Chase  
June 2, 2019**



**Fitness 1440**  
**570 Celebrate Virginia Parkway, Suite 107**  
**Fredericksburg, VA 22406**

10K Start Time: 7:30am  
 5K Start Time: 7:40am  
 (Kids Tail Chase .5K starts immediately after race, \$10 includes race shirt)

Great course for all levels of runners/walkers!

Registration Fees for 5K (all ages)/10K (ages 11 and up):

- \$20/\$30 thru March 1st
- \$25/\$35 thru May 2nd
- \$30/\$40 thru May 16th
- \$35/\$45 race day

Registration & Race Information available at:  
[www.racetimingunlimited.org](http://www.racetimingunlimited.org)

All proceeds benefit **The Owen Lea Foundation**  
 helping families living with Neuroblastoma:  
[www.owenleafoundation.org](http://www.owenleafoundation.org)

**Awards (M/F):**

**Top 3 Overall, Overall Masters, Top 3 Age Groups (starting at 10 & under)**  
**T-shirts to all registrants (guaranteed if registered by May 16th)! Medals to all Finishers! Chip Timed!**

Registration Application for (circle one):      10K              5K              Kids Tail Chase .5K (10 and under only)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

DOB: \_\_\_ / \_\_\_ / \_\_\_      Age: \_\_\_\_\_      Gender: M F              T-Shirt: YS YM YL S M L XL XXL

The Owen Lea Foundation Waiver and Consent

\* ASSUMPTION OF RISK AND RELEASE OF LIABILITY NO-TICE: This release form is a contract with legal consequences. READ THIS CAREFULLY BEFORE SIGNING.

\* I agree that if I participate in this physical activity, program, or event (the "Event") or use any Event facility or Event premises, I do so at my own risk. I agree that I am voluntarily participating in the Event and using Event facilities or premises and assume all risk of injury, illness, damage or loss to me or my property that might result, including, without limitation, any loss or theft of personal property. I hereby consent to receive medical treatment in the event of injury, accident and/or illness during the Event. I agree on behalf of myself (and my personal representatives, heirs, executors, administrators, agents, and assigns) to release and discharge all Event sponsors and the Owen Lea Foundation (and employees, agents, representatives, successors and assigns) from any and all claims or causes of action (known or unknown) arising out of the Event.

\*I acknowledge that I have carefully read this Waiver and Release and fully understand that it is a release of liability. By my signature below, I am waiving any right that I may have to bring legal action to assert a claim against the Owen Lea Foundation, its subsidiaries and affiliates and all Event sponsors for any part of the Event.

\* I acknowledge that I am 18 years of age or older, or the legal guardian of the child, and that I have read and understand the contents of this document.

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Parent or Legal Guardian signature required if under 18 years of age: Parent/legal guardian printed name: \_\_\_\_\_

**Make checks payable to: The Owen Lea Foundation; Mail to: The Owen Lea Foundation, P.O. Box 5259, Fredericksburg, VA 22403. (Must be postmarked by May 26th)**