

# Elite Fitness Concepts'

## Second Annual

# 5k Run/Walk

Elite Fitness Concepts 5K Run/Walk  
Saturday, September 20th, 2008 — 8:00 a.m.  
Great Falls Village Center at Wachovia Bank  
750 Walker Road, Great Falls, VA

Entry Fee:  
\$20 through September 15th (adults)  
\$25 Race day (adults)  
\$15 Children Age 6 to 15

Make checks payable to "Make-A-Wish Foundation."

Mail the form and check to: Elite Fitness Concepts 5K, 10123 Colvin Run Road, Great Falls, VA 22066

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

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

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

Sex: \_\_\_\_\_ Age on Race Day: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Credit Card:    Visa     Mastercard     Card No. \_\_\_\_\_    Exp. \_\_\_\_\_

I am including an additional donation of \$\_\_\_\_\_.

#### LIABILITY WAIVER MUST BE SIGNED BEFORE MAILING—

I know that running or walking a road race is a potentially hazardous activity and that I should not enter and run 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 event including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the organizers of the Elite Fitness Concepts 5K and all other sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event or carelessness on the part of the persons named in this waiver. Further, I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for legitimate purposes.

Signature (parent or guardian if under 18): \_\_\_\_\_

Date: \_\_\_\_\_

# Benefitting: Make-A-Wish Foundation®