



# Entry Form

## Caribbean Sounds 5K Walk or 10K Race

Circle Location: DC Los Angeles Orlando Oakland Baltimore Chicago

Date of Race \_\_\_\_\_

Participant Information : List Team Captain Name for group credit: \_\_\_\_\_

Name				Phone:		
Billing address						
City	State:	Zip:				
Email Address:				T-shirt Size		
Race Day Information	Date of Birth:	M or F :	First 5K: Y or N	First 10K: Y or N		
Race History:	No. of completed races	5K:	10K:			
Race Day Information:	Circle Race:	5K Walk or 10K Race	5K Goal:	10K Goal:		
Emergency Contact Information	Name:			Phone:		

**Note: Part of the Proceeds for the race support Sarcoidosis Foundation: Pledge Information is available online at [www.stopsarcoidosis.com](http://www.stopsarcoidosis.com)**

**Race Entry Fee is \$35.00 and all Participants must sign the Waiver Acknowledgment Below:**

I (we) plan to pay my registration fee in the form of: \_\_\_\_ cash \_\_\_\_ check \_\_\_\_ credit card \_\_\_\_ other.

Credit card type			CC #		
Expiration Date			Visa Verified Code:		
Authorized signature					Date:
Alternate Form of Payment	Circle one:	Fitness Heights Credit	Volunteer Credit	Sponsor Donation	

Please make checks, corporate matches, or other gifts payable to: Fitness Heights International, P.O. Box 90838, Washington, DC 20090

Call 202.262.8267, email at [jog4me@fitnessheights.com](mailto:jog4me@fitnessheights.com)

Every participant must sign this waiver! Runners/Walkers Agreement, Waiver, Release and Acknowledgment. I know that running or walking a road event is a potentially hazardous activity. 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 participating 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 Fitness Heights International and its officers and agents, the District of Columbia, National Parks & Recreation, & all other sponsors, their representatives and successors including the Road Runners Club of America, its officers, directors, agents and employees 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 grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

Waiver Acknowledgment signature & date required below:

Signature(s)
Signature (Parent or guardian if under age of 18)
Date