

# 3rd Annual Family Fun Run

## REGISTRATION Form

(Each participant must fill out a registration form)  
Please print legibly



Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Age \_\_\_\_\_ Gender (Circle One): Male or Female

### Payment Information Make check payable to: FCPA

\_\_\_\_ cash \_\_\_\_ check Or charge to...  
\_\_\_\_ Visa \_\_\_\_ Mastercard Exp. Date \_\_\_\_\_  
Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Signature \_\_\_\_\_  
Print Full Name \_\_\_\_\_

Drop off or mail application to South Run RECenter (7550 Reservation Drive, Springfield, VA 22153) Attn: Laura Marquardt

Fax entry form to South Run RECenter: 703/455-7056 Attn: Laura Marquardt  
Email to [laura.marquardt@fairfaxcounty.gov](mailto:laura.marquardt@fairfaxcounty.gov)

### QUESTIONS?

Contact Laura Marquardt at [laura.marquardt@fairfaxcounty.gov](mailto:laura.marquardt@fairfaxcounty.gov) or  
Laurie Strickland at [laurie.strickland@fairfaxcounty.gov](mailto:laurie.strickland@fairfaxcounty.gov) or call us at 703/866-0566

### FAMILY FUN RUN

#### Waiver and Release – MUST SIGN TO PARTICIPATE!

Please read this information carefully, and be aware that in signing up for and participating in the Family Fun Run you will be waiving and releasing all claims for injuries you might sustain from the activities of this event.

I agree that if I participate in this event, I do so at my own risk. I agree that I am voluntarily participating in this 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 of theft or 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 South Recreation Center, Springfield Days, and event Sponsors (and their affiliates, employees, agents, representatives, successors and assigns) from any and all claims or causes of action (known or unknown) arising out of their negligence.

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 being legal action to assert a claim against South Run Recreation Center, Springfield Days, its parents, subsidiaries and affiliates and all Event sponsors for their negligence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Parent or guardian if under 18 years of age)

