



# 3rd Annual Run for Robbie



Presented by:  
**Care Code** Inc.  
Empowering Spinal Cord Injury Survivors  
since 2008

5K Run/1Mile Walk September 12, 2009~9:00am  
Morven Park Equestrian Center~Leesburg, VA

Please Circle: 5K 1Mile

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

Address: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

T-Shirt Size (circle one) M L XL Male \_\_\_\_\_ Female \_\_\_\_\_

I know that running/walking is a potentially dangerous activity. I shall not enter or run in this event 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 this event including but not limited to; falls, contact with other participants, the effects of the weather, the conditions of trail and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and in consideration and acceptance of this entry, I for myself (my child), my heirs, executors and anyone acting in my behalf waive and release the race organizers, sponsors, volunteers, and Morven Park Equestrian Center and their representatives and successors of all claims and 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 certify that I am (my child is) physically fit and have completed sufficient training for this event. For safety reasons, I agree not to run with any of the following: wheelchairs, strollers, baby joggers, skates, pets, or headsets. All fees are nonrefundable.

**I agree that this waiver, release and indemnification is intended to be complete and comprehensive, and shall be subject to and applied as broadly as permitted by the laws of the Commonwealth of Virginia. If any portion of the waiver and release is declared unenforceable or invalid, I agree that the remainder of the same shall, notwithstanding, continue in full force and effect.**

I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND UNDERSTAND ITS CONTENTS AND VOLUNTARILY SIGN THE SAME AS MY OWN FREE ACT AND ON BEHALF OF MY CHILD OR LEGAL WARD OR GUARDEE INTENDING THAT IT BE LEGALLY BINDING ON MYSELF AND MY CHILD OR LEGAL WARD OR GUARDEE AND GIVEN FULL FORCE AND EFFECT.

SIGNATURE (parent or guardian if under 18) \_\_\_\_\_

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

## Participants:

\$30 race day registration  
\$25 pre-registration (before 9/9/09)  
Make checks payable to 'Care Code, Inc.'  
Mail with your check/money order to:  
Care Code, Inc.: PO Box 2767 Leesburg, VA 20177

## Contact

events@carecode.org  
<http://twitter.com/carecode>