

CVS Caremark Downtown 5k Race Registration Form

Check appropriate boxes Male Female **Circle T-shirt size** Small Medium Large X-Large

Date of Birth Month || Day || Year ||||

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone -- (In case we need to reach you for problems with your entry)

EMAIL: _____ For email confirmation

SELECT RACE: 5K Run/Walk Youth Race GRADE Wheelchair

IF YOUTH RACE YOU MUST CIRCLE GRADE/RACE THAT PARTICIPANT WILL BE IN ON RACE DAY.

Age 1 to 3 Kindergarten Grade 1st 2nd 3rd 4th 5th 6th 7th 8th All Kids Can

USA T&F Club Number (USATF members only) _____ Club Name _____

USATF club members must submit all team entries together with USATF team declaration form to be scored as a team. Team forms can be printed from this site.

ENTRY FEES: \$31 if postmarked by 6/31/2014, \$32 if postmarked by 8/31/2014, \$33 if postmarked on or before 9/10/2014
Youth Races \$17 if postmarked by 7/31/2014, \$18 If postmarked after 9/10/2014

DO NOT MAIL AFTER 9/10/2014 See registration for entry fee
Make checks payable to: Downtown 5k, Inc.
Mail to: Downtown 5k, Inc.
P.O. Box 1940, East Greenwich, RI 02818-0663

Waiver: In consideration of the acceptance of this entry. I hereby for myself, heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against CVS Caremark and its respective, parents, subsidiaries, affiliates, successors and assigns, Downtown 5K, Inc., the City of Providence, USATF, sponsors, race officials, organizers and volunteers associates with this event for any injury that may occur as a result of my participation in this event. Further, I agree that any pictures or photographs taken of me by CVS Caremark or Downtown 5K, Inc., or their respective agents, in connection with this event are owned by CVS Caremark and Downtown 5K, Inc., and I waive all rights to inspect or approve the final product. I hereby irrevocably grant to CVS Caremark and Downtown 5K, Inc. or their respective assigns, the right and permission to use or license the use my name, likeness, voice, image or photograph of me, gathered in connection with this event, in any media or manner for the purpose of promotion of CVS Caremark and Downtown 5K, Inc., and their programs, including this event.

My Signature _____ Date _____

My Full Name Printed _____

***If this release is for a minor**, I confirm that I am the legal parent or guardian of the minor named below. I consent to the foregoing on behalf of such minor and personally join in the affirmance of representations set forth above.

Parent/Guardian Signature _____ Date _____

Parent or Guardian Full Name Printed _____

My Address _____

Minor Name _____

Minor Address _____

Minor Date of Birth _____