

# 2013 Fallfest Mile Run/Walk

Proceeds to benefit Friends of Westminster City Recreation and Parks

*A component fund of the Community Foundation of Carroll County*

Please bring a non-perishable food item for Carroll Co Food Sunday



**Thursday, September 26, 2013**

6:45 pm Open Mile Run/Walk

(Timed by: Maryland Timing)

**Rain or Shine**

Corner of Monroe Street & Pennsylvania Avenue

**\$10 In Advance at Westminster Family Center**

**\$15 to register at Race Site**

**(Checks payable to Friends of WCRP or Cash Only)**

**Registration Packets Available:**

Wednesday, September 25, 5-7 pm at the

Westminster Family Fitness Center

Or Thursday, September 26, 6PM at

Race Site before race begins

**Prizes will be awarded to Top Male and Top Female winner**

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(please cut and return this bottom portion with registration fee)

Name: \_\_\_\_\_ Age \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Please make all check payable to: Friends of WCRP - (Sorry, no refunds)**

You can register by mail or in person at: Westminster Family Center, 11 Longwell Ave, Westminster, MD, 21157 410-751-5501

In consideration of use of the Fallfest Mile Benefit Run/Walk the Run/Walker, or if the Run/Walker is a minor, the Run/Walker's guardian(s), hereby agrees to release, indemnify and discharge the City of Westminster, on behalf of the Run/Walker (adult or minor). As a participant of the Run/Walk, I understand the nature of the event and that I and/or minor child are qualified, in good health, and in proper physical condition to participate in such an event. I fully accept and assume all risks and all responsibility for any injuries incurred while participating in Fallfest Mile Run/Walk.

**Photographic release:** I permit the Recreation & Parks Department to use and publish photographs of me and/or my children for purposed of presenting recreation activities to the community. I also give permission to release such photographs to the news media in support of the program. \_\_\_\_\_ Please initial

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If under 18, Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_