

# Legs Against Arms IV

April 11, 2010

## Entry Form (you may copy this form)

Register online by 4/7/10 at [www.legsagainstars.org](http://www.legsagainstars.org)

- or -

Make checks payable to **PSR** and mail with signed entry to:

Legs Against Arms IV

P.O. Box 1552, West Chester, PA 19380

*\*Note – mail must be postmarked by 4/3/10, otherwise register online by 4/7 or in person on race day.*

Name: \_\_\_\_\_

Address/Apt: \_\_\_\_\_

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

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

Age (on race day): \_\_\_\_\_ Sex (circle one):      M      F

T-shirt (circle one):      S      M      L      XL      (size not guaranteed)

Running in Memory of (optional): \_\_\_\_\_

Team Name (optional): \_\_\_\_\_

Check this box if you are the team captain.

Description	Early COST	Late COST
Youth 14 & Under	FREE	FREE
5K Adult (circle one)	\$25 (postmarked by 4/3/10)	\$30 (in person on 4/11/10)
Donation in support of anti-violence programs: \$ _____ Total Enclosed: \$ _____		

WAIVER: I hereby waive all claims against Physicians for Social Responsibility, sponsors, contractors, volunteers, or any personnel for any injury I might suffer in this event. I attest that I am physically fit and prepared for this event. I assume all risks associated with running/walking 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 condition of the road, all such risks being known and appreciated by me. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this event.

X \_\_\_\_\_  
 ENTRANT SIGNATURE DATE

X \_\_\_\_\_  
 PARENT/GUARDIAN SIGNATURE (if entrant under 18) DATE