



Freedom's Run Presents **CAMP RIVER RUNNERS**

First Name: _____ **Last Name:** _____
Gender: Male Female **Date of Birth:** _____
Day Phone: _____ **Email Address:** _____
Mailing Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Parent Name: _____ **Parent Phone:** _____
Additional Emergency Contact Name & Phone: _____
How did you hear about this event? _____

Pricing Schedule

Event	Thru 3/15	3/16 – 6/15	6/16 & after
High School 7/19 – 7/22 OVERNIGHT	\$400	\$420	\$440
High School 7/19 – 7/22 FULL DAY	\$305	\$330	\$345
High School 7/19 – 7/22 EVENING ONLY	\$90	\$90	\$100
Middle School 7/15 – 7/17 DAY CAMP	\$40	\$40	\$50

Event: _____ **Today's Date:** _____ **Amount:** _____

Please make check payable to: Eastern Area Health Education Center (EAHEC)

MAIL RACE REGISTRATION FORM & PAYMENT TO:
 Eastern Area Health Education Center (EAHEC)
 2500 Foundation Way
 Martinsburg, WV 25401

I have read and understand the waiver policy below.

WAIVER: In consideration of my application and permitting me to participate in this event, I hereby take action for myself and anyone entitled to act on my behalf: Waive, release and discharge from any and all liability from my death, disability, personal injury, property damage, property theft or actions of any kind which might hereafter accrue to me including my traveling to and from the event, THE FOLLOWING ENTITIES OR PERSONS: event coordinator, event director, event committee; The United States Government; Harpers Ferry National Historical Park, Antietam National Battlefield, C & O Canal National Historical Park, The Town of Shepherdstown, Shepherd University, Morgan Academy, For Love of Children, volunteers, event sponsors, their directors, officers, employees, volunteers' representatives, and agents, and the event holders. I hereby agree to indemnify and hold harmless the entities or person mentioned in this paragraph from any and all liability or claims made as a result of participation in this event, whether caused by the negligence or releases or otherwise.

I hereby grant Freedom's Run/ Eastern Area Health Education Center (EAHEC) permission for me and my child to be photographed/videotaped and for the pictures to be used for Freedom's Run/ Eastern Area Health Education Center and other involved organizations' publications and/or publicity; including but not limited to websites, Facebook, newspaper, etc.

PARENT/LEGAL GAURDIAN SIGNATURE*

DATE

*Unsigned or illegible entries will be rejected.