

Women & Politics Institute's 5K Race to Representation

Saturday, October 6, 2012 • Washington, DC • 8:30 a.m.

Make checks payable to the Women & Politics Institute
Mail the form and check to:
Women & Politics Institute, American University
4400 Massachusetts Avenue, NW
Ward Circle Building, Room 237
Washington, DC 20016

If paying by credit card, you may mail it to the above address, or fax it (before November 2) to:
(202) 885-2967

Entry Fees: 5K Run
\$30 Advance Registration
\$40 Race Day Registration

Please print! Illegible forms will be rejected.

The 5K event will be timed and scored using the ChronoTrack disposable D-Tag system

Team Name (If Applicable): _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Sex: _____ Age on Race Day: _____ E-mail _____

Phone: (_____) _____

Unisex T-shirt size (S, M, L, XL): _____

How did you learn about the race? _____

Subscribe to the Women & Politics Institute's newsletter? _____

Credit Card Information: MasterCard Visa American Express

Credit Card No: _____ Expiration Date: _____

Cardholder's Signature: _____ Security Code: _____

LIABILITY WAIVER MUST BE SIGNED BEFORE MAILING OR FAXING:

I know that running a road race is a potentially hazardous activity and that I should not enter and run 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 running 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 conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the organizers of the Race to Representation, Capital Running Company, and all other sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event or carelessness on the part of the persons named in this waiver. Further, I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for legitimate purposes.

Signature (parent or guardian if under 18): _____ Date: _____