

NAME _____
ADDRESS _____
CITY _____
STATE, ZIP _____
PHONE _____
AGE _____ (on 1/5/08) BIRTHDATE _____
MALE _____ FEMALE _____
EMAIL (OPTIONAL) _____

WAIVER: I waive for myself, my heirs, and assigns, all claims for damages which I might have against the race, its sponsors, or any other organization, business, or individual as a result of any and all injuries which might be received during the contest. I also release any photos that may involve myself.

SIGNATURE
(A Parent MUST sign if racer is under 18 yrs old)

Please make all checks payable to: **Literacy Volunteers of Marion County**

Mail check and pre-registration form to:

LV of Marion County

601 Locust Ave.

Fairmont WV 26554

Entry Fees \$20 by 1/1/08, \$25 after 1/1/08