

NAME _____

ADDRESS _____

CITY _____

STATE, ZIP _____

PHONE _____

AGE ____ (on 1/9/11) 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 11/9/10, \$25 by 1/3/11, \$30 after 1/3/11

No refunds for any reason including weather problems