



REGISTRATION FORM

Race Date: June 24, 2017
Race Time: 8:00 a.m.
Location: Howard University
 Washington, DC

Mail in Address:

Washington, DC Metro HBCU Alumni Alliance, Inc.
 P.O. Box 9833
 Washington, DC 20016
www.dchbcu.org

- Male
 Female

Please **PRINT** All Information Clearly and Be Sure To Sign This Form

LAST NAME :	FIRST NAME:	MI:	BIRTH DATE:	AGE
STREET ADDRESS:		CITY:	STATE:	ZIP CODE:
COUNTRY:		PRIMARY PHONE:		
EMAIL ADDRESS:				
EMERGENCY CONTACT: NAME		RELATIONSHIP:	PHONE:	

Participating Event

- 5K Run
 2K Walk

Please select your t-shirt size* (*one shirt per paid participant*)

	Quantity:		Quantity:
<input type="checkbox"/> Small	_____	<input type="checkbox"/> X-Large	_____
<input type="checkbox"/> Medium	_____	<input type="checkbox"/> 2X-Large	_____
<input type="checkbox"/> Large	_____	<input type="checkbox"/> 3X-Large	_____

Would you like to keep in touch with DCHBCUAA?

- No
 Yes Email Address: _____

Registration Options

- Before May 1, 2017: **\$40**
 May 1, 2017 – June 17, 2017: **\$45**
 June 18, 2017 – June 24, 2017: **\$50**

Registration Number:	BIB #:
_____	_____
_____	_____
_____	_____
<small>For Office Use Only</small>	

Please write the name of the school you are supporting in the blank, otherwise, write General Admission.

For Office Use Only

Date Received: _____

Amount Received: _____

TO BE SIGNED BY THE WALKER/RUNNER BEFORE PARTICIPATING:

WAIVER (must be signed)

ALL PARTICIPANTS IN ROAD RACES CONDUCTED BY the Washington, DC Metro HBCU Alumni Alliance, Inc. (DCHBCUAA); Howard University; any sponsors of the event; the District of Columbia AND THEIR RELATED EVENTS (“EVENT”) ARE REQUIRED TO, AND HEREBY DO, ASSUME ALL RISK OF PARTICIPATION IN THE EVENT BY SIGNING THIS GENERAL RELEASE AGREEMENT: The undersigned (“Undersigned”) on behalf of himself/herself and on behalf of Undersigned’s personal representatives, assigns, heirs, executors, and successors hereby fully and forever releases, waives, discharges and covenants not to sue the DCHBCUAA 5K Run/2K Walk, Health and Wellness Fair; Race DC; Kaiser Permanente; Howard University; the District of Columbia its affiliated corporations and charities; any and all municipal agencies whose property and/or personnel are used or in any way assist; all sponsoring or co-sponsoring companies or individuals related to the Event, together with their officers, directors, shareholders, successors and assigns (collectively, “Releases”) from all liability to the Undersigned and his/her property or resultant death, whether caused by the active or passive negligence of all or any of the Releases or otherwise, in connection with Undersigned’s participation in the Event. Undersigned represents and warrants that he/she is in good physical condition and is able to safely participate in the Event. Undersigned is fully aware of the risks and hazards inherent in participating in the Event and hereby elects to voluntarily participate, knowing the risks associated with the Event. Undersigned hereby assumes all risks of loss(es), damage(s), or injury(ies) that may be sustained by him/her while participating in the Event. Undersigned agrees to the use of his/her name and photograph in broadcasts, newspapers, brochures, and other media without compensation. Undersigned acknowledges that the entry fee paid is non-refundable and non-transferable. Undersigned acknowledges and agrees that the DCHBCUAA 5K Run/2K Walk, Health and Wellness Fair; Race DC; Kaiser Permanente; Howard University; and the District of Columbia in its sole discretion, may delay or cancel Event if it believes that the conditions on the race day are unsafe. In the event the Event is delayed or canceled for any reason, including but not limited to: fire, threatened or actual strike, labor difficulty, work stoppage, insurrection, war, public disaster, flood, unavoidable casualty, acts of GOD or the elements (including without limitation, rain, hail, hurricane, tornado, earthquake), or any other cause beyond the control of the DCHBCUAA 5K Run/2K Walk, Health and Wellness Fair; Race DC; Kaiser Permanente; Howard University; and the District of Columbia, there shall be no refund of the entry fee or any other costs of Undersigned in connection with the Event. Undersigned hereby grants to the medical director of the Event and his/her agents, affiliates, and designees, access to all medical records (and physicians) as needed and authorizes medical treatment as needed. Undersigned understands that he/she has the right to refuse medical care and advice of Event medical directors and representatives; if Undersigned’s medical condition becomes such that Undersigned’s mental capacity is questioned, the physician has the right to recommend and initiate treatment of Undersigned. Undersigned agrees and understands that Undersigned hereby assumes liability for any and all medical expenses incurred as a result of training for and/or participation in the Event, including but not limited to ambulance transport, hospital stays, physician and pharmaceutical goods & services. Undersigned warrants that all statements made herein are true and correct and understands that releases have relied on them in allowing Undersigned to participate in the Event. UNDERSIGNED HAS READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY SIGNS.

Please print full name: _____

Required Signature: _____ Date: _____