16th Annual Valvoline Instant Oil Change Goblin Gallop

SUNDAY OCTOBER 25, 2009 1K-8:30AM 5K-9:00

ENRTY FEE: 5K-$20.00; AFTER Oct 19th-$25.00
1K-$15.00; AFTER Oct 19th-$20.00

MAKE CHECKS PAYABLE TO: JQF-GOBLIN GALLOP AND MAIL TO: JQF-GOBLIN GALLOP, 13710 ASHBY ROAD, ROCKVILLE, MD 20853

FIRST NAME

LAST NAME

ADDRESS

ZIP

CITY

STATE

M **F**
SEX

AGE

5K **1K**
EVENT

YS **YM** **XS** **S** **M** **L** **XL** **XXL**
SHIRT SIZE

PHONE NUMBER

E-MAIL ADDRESS_____

HOW DID YOU LEARN ABOUT OUR RACE? _____

MC VISA

CREDIT CARD NUMBER

EXP. DATE

_____
CARDHOLDER'S SIGNATURE

$_____
ADDITIONAL DONATION

JOHN QUADRINO FOUNDATION

A Gift of Love

HELPING CHILDREN WITH CANCER

UNITED WAY # 59426
CFC# 8931

<u>Liability waiver must be signed</u>. PLEASE PRINT ABOVE!!! ILLEGIBLE FORMS WILL BE REJECTED

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 Goblin Gallop race, JQF, Capital Running Company, USATF, 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):_____