



CVS Caremark Downtown 5k Race Registration Form

Age on race day |__|__| Male |__| Female |__| **Circle T-shirt size** Small Medium Large X-Large

Project 5K time (3.1 miles) Minutes _____ Seconds _____

If no time entered you will start in last wave start.

Check here if walking |__|

First Name

Last Name

Address

City

State

Zip Code

Phone --- (In case we need to reach you for problems with your entry)

5K Run/Walk |__| Youth Race GRADE |__| Wheelchair |__|

IF YOUTH RACE YOU MUST CIRCLE GRADE/RACE THAT PARTICIPANT WILL BE IN ON RACE DAY.

Grade (CHECK correct grade/race)

- Age 1 to 3 |__|
- Kindergarden |__|
- 1st Grade |__|
- 2nd Grade |__|
- 3rd Grade |__|
- 4th Grade |__|
- 5th Grade |__|
- 6th Grade |__|
- 7th Grade |__|
- 8th Grade |__|
- All Kids Can |__|

E-mail address (Information will be email to you before race day) _____

USA T&F Club Number (Required for USATF members only) _____

Club Name _____

USATF club members must submit all team entries together with USATF team declaration form to be scored as a team. Team forms can be printed from this site.

DO NOT MAIL AFTER 9/10/2010 See registration for entry fee

Make checks payable to: Downtown 5k, Inc.

Mail to: Downtown 5k, Inc.

P.O. Box 1940, East Greenwich, RI 02818-0663

Waiver: In consideration of the acceptance of this entry. I hereby for myself, heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against CVS Caremark and its respective, parents, subsidiaries, affiliates, successors and assigns, Downtown 5K, Inc., the City of Providence, USATF, sponsors, race officials, organizers and volunteers associates with this event for any injury that may occur as a result of my participation in this event.

Further, I agree that any pictures or photographs taken of me by CVS Caremark or Downtown 5K, Inc., or their respective agents, in connection with this event are owned by CVS Caremark and Downtown 5K, Inc., and I waive all rights to inspect or approve the final product. I hereby irrevocably grant to CVS Caremark and Downtown 5K, Inc. or their respective assigns, the right and permission to use or license the use my name, likeness, voice, image or photograph of me, gathered in connection with this event, in any media or manner for the purpose of promotion of CVS Caremark and Downtown 5K, Inc., and their programs, including this event.

My Signature _____ Date _____

My Full Name Printed _____

My Address _____

*If this release is for a minor, I confirm that I am the legal parent or guardian of the minor named below. I consent to the foregoing on behalf of such minor and personally join in the affirmance of representations set forth above.

Parent/Guardian Signature _____ Date _____

Parent or Guardian Full Name Printed _____

My Address _____

Minor Name _____

Minor Address _____

Minor Date of Birth _____

PLEASE CONSIDER REGISTERING ONLINE. IT IS THE LOWEST COST!

***COMPLETE THE REGISTRATION FORM**

***ONLY ONE PERSON PER REGISTRATION FORM**

***PHOTOCOPIES OF REGISTRATION FORM ACCEPTED**

***REGISTRATION FEE IS NON-REFUNDABLE**

***PLEASE DO NOT STAPLE CHECK TO FORM**

***ALL CORPORATE TEAM MEMBER FORMS OR USATF FORMS MUST BE MAILED TOGETHER WITH THE TEAM REGISTRATION FORM**

***Mail-in Entry fees:**

5k Run & Walk Do not mail entries after 9/10/2010

\$26 if postmarked by 8/1/2010

\$27 if postmarked by 9/1/2010

\$28 if postmarked after 9/1/2010

Youth Races Do not mail entries after 9/10/2010

\$13 if postmarked by 8/1/2010

\$14 if postmarked by 9/1/2010

\$15 If postmarked after 9/1/2010