

# BGCSM Family Fun 5K Run/Walk

Race Location: The Boys Girls Club of Southern Maryland (BGCSM),  
9021 Dayton Avenue North Beach, MD 20714.



Time: Race starts at 7:30 am  
Race day registration opens at 6: 30 am

Register on line at [www.bgcsm.net](http://www.bgcsm.net) or by mail to 9021 Dayton Avenue P. O. Box 413 North Beach MD 20714 (forms due by August 31)

Early pick up for bibs & t-shirts:  
September 6 – 7 at the BGCSM 12:00pm – 5:00pm

Entry fee: \$30 before August 16 /\$35 race day /\$25 kids under 12

Proceeds: Benefit the Boys and Girls Club of Southern Maryland.

Contact: BGCSM 410.257.0007, fax 410.286.5229 email- [events@bgcsm.net](mailto:events@bgcsm.net)

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## BGCSM Family Fun 5K Run/Walk

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 SHIRT SIZE (circle One) SM M L XL NONE  
 Name of affiliation of Club or Team \_\_\_\_\_

\$30 advanced (before August 16) \$35 race day \$25 kids under 12 **Registration total\$** \_\_\_\_\_  
(Checks payable to BGCSM)

Credit Card charge in the amount of \$ \_\_\_\_\_ Name on card \_\_\_\_\_  
Card number \_\_\_\_\_ Exp \_\_\_\_\_ CVV(3 digit code) \_\_\_\_\_

### Waiver (MUST BE SIGNED)

In consideration of your accepting this entry, I, the below signed, intending to be legally bound, for myself, my heirs, my executors and administrators, waive and release and any all rights and claims for damages I may have against the BGCSM, race, and sponsors and their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest that I will participate in this event as a footrace, that I am physically fit and sufficiently trained for the completion of this event. Furthermore, I hereby grant full permission to use my name and likeness, as well as any photographs and any record of this event in which I may appear for any legitimate purpose, including advertising and promotion.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian if under 18 \_\_\_\_\_

No refunds will be issued for any reason