

# 10K RACE FORM

CUT HERE

## 2011 Apple Blossom Valley Health 10K

Mail form and check (payable to) Shenandoah Apple Blossom Festival®, 135 N. Cameron Street, Winchester, VA 22601 [www.thebloom.com](http://www.thebloom.com)  
(PLEASE PRINT ONE CHARACTER PER BOX)

First Name	<input type="text"/>	Last Name	<input type="text"/>	Age as of	<input type="text"/>	<input type="text"/>
	<input type="text"/>		<input type="text"/>	4/30/11	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>		<input type="text"/>	Sex: M / F	<input type="text"/>	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>	<input type="text"/>
D.O.B.	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	Phone ( <input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>	) <input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>	- <input type="text"/>

Signature Required \_\_\_\_\_

Chip Owner's No.

Parent Signature (required if runner is under 18 ) \_\_\_\_\_

Waiver: In consideration of your accepting this entry, I the undersigned, intending to be legally bound, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the City of Winchester, County of Frederick, Shenandoah Apple Blossom Festival®, all race officials, their representatives, successors, and assigns for any injury I may receive as a result of participating in the event. I attest that I am physically fit and trained to complete this event. My condition has been recently verified by a physician. I also release any and all photos that may involve myself.

**ONE ENTRY PER FORM • COPIES PERMITTED**