

Adult Team

17th Annual Volkslauf 10k Official Registration Form

Category: (Check One)

Male Team
 Female Team
 Mixed Team (at least one member must be of opposite gender)

TEAM NAME: _____

Team Captain Name (Must be over 18) _____ Address _____ City _____ State _____ Zip _____

() _____ **Runner's Age** _____
 Area Code Phone Number E-mail Address Signature **On Race Day**

Name (Runner #1) _____ Address _____ City _____ State _____ Zip _____

() _____ **Runner's Age** _____
 Area Code Phone Number E-mail Address Signature/(Legal Guardian if under 18) **On Race Day**

Name (Runner #2) _____ Address _____ City _____ State _____ Zip _____

() _____ **Runner's Age** _____
 Area Code Phone Number E-mail Address Signature/(Legal Guardian if under 18) **On Race Day**

Name (Runner #3) _____ Address _____ City _____ State _____ Zip _____

() _____ **Runner's Age** _____
 Area Code Phone Number E-mail Address Signature/(Legal Guardian if under 18) **On Race Day**

Name (Runner #4) _____ Address _____ City _____ State _____ Zip _____

() _____ **Runner's Age** _____
 Area Code Phone Number E-mail Address Signature/(Legal Guardian if under 18) **On Race Day**

I hereby for myself, executors and administrators waive and release any and all rights and claims against the persons and organizations affiliated with the Volkslauf race, including but not limited to, the Marine Corps Detachment, Fort Leonard Wood, their officers, agents, and volunteers, and the Army aboard Fort Leonard Wood, its officers, agents and employees, from any and all liability of any nature in any way arising out of the condition of the premises in or around the race course and agree to assume all risk concerning the Volkslauf race course, the condition of the Volkslauf race course or the suitability of the Volkslauf race course for the conducting of the race event. This includes participation in or travel to or from the Volkslauf race scheduled for June 16, 2012. I further attest that I am physically fit and have trained for this event, that I am aware of the difficulty of the obstacles integrated into this event and have attired myself accordingly. Further, I agree to indemnify the Marine Corps Detachment and Fort Leonard Wood Army Base, its officers, agents, and volunteers, and the City of Saint Robert, its officers, agents and employees from my use of the Volkslauf race course.

SHIRT SIZES - Please indicate the number of shirts needed for each size (one per runner)

S _____ M _____ L _____ XL _____

**RETURN COMPLETED ENTRY FORM AND REGISTRATION FEE
 TO MARINE DETACHMENT BLDG 1740 ABOARD FLW
 (OFF OF MICHIGAN AVE)
 MONDAY-FRIDAY 0800 – 1600**

Number issued: Black _____

Individual Adult Runner Category 17th Annual Volkslauf 10k Official Registration Form

- * Runner must be over 18
- * Uniform at your own discretion

Gender:

Male

Female

Name (Must be over 18)

Address

City

State

Zip

()

Area Code Phone Number

E-mail Address

Signature

Runner's Age
On Race Day

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SHIRT SIZES - Please indicate shirt size (one per runner)

S _____

M _____

L _____

XL _____

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Number issued: Red _____

Individual Youth Runner Category 17th Annual Volkslauf 10k Official Registration Form

- * Runner must be under 18 years of age and have Parent/Guardian sign
- * Uniform at your own discretion

Gender:

Male

Female

Name _____ Address _____ City _____ State _____ Zip _____

() _____ **Runner's Age** _____
Area Code Phone Number E-mail Address Signature/(Legal Guardian if under 18) **On Race Day**

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SHIRT SIZES - Please indicate shirt size (one per runner)

S _____ M _____ L _____ XL _____

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Number issued: Red _____

Youth Team
17th Annual Volkslauf 10k Official Registration Form
***** If under 18 years old - Parent/Guardian must sign!!! *****

- * Team Captain Must be over 18
- * Parent/Guardian must sign for all youth entrants!!!

Category: (Check One)

- Male Team Female Team Mixed Team (at least one member must be of opposite gender)

TEAM NAME: _____

 Team Captain Name (Must be over 18) Address City State Zip

()
 Area Code Phone Number E-mail Address Signature **Runner's Age** _____
On Race Day

 Name (Runner No. 1) Address City State Zip

()
 Area Code Phone Number E-mail Address Signature/(Legal Guardian if under 18) **Runner's Age** _____
On Race Day

 Name (Runner No. 2) Address City State Zip

()
 Area Code Phone Number E-mail Address Signature/(Legal Guardian if under 18) **Runner's Age** _____
On Race Day

 Name (Runner No. 3) Address City State Zip

()
 Area Code Phone Number E-mail Address Signature/(Legal Guardian if under 18) **Runner's Age** _____
On Race Day

 Name (Runner No. 4) Address City State Zip

()
 Area Code Phone Number E-mail Address Signature/(Legal Guardian if under 18) **Runner's Age** _____
On Race Day

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SHIRT SIZES - Please indicate the number of shirts needed for each size (one per runner)

S _____ M _____ L _____ XL _____

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