



REGISTRATION FORM

LAST NAME

FIRST NAME

ADDRESS

CITY

STATE

ZIP

CONTACT NUMBER

EMAIL ADDRESS

**(REGISTRATION CONFIRMATION WILL BE SENT TO THE EMAIL ADDRESS ABOVE)*

**NO REFUNDS OR TRANSFERS.
 MUST BE POSTMARKED BY DEADLINES BELOW.
 PLEASE SELECT ALL THAT APPLY:**

\$25

REGISTRATION
 BEFORE OCTOBER 13

\$35

REGISTRATION
 AFTER OCTOBER 13

\$100

REGISTRATION
 GROUPS 5 OR MORE

\$10 CHILDREN UNDER 12

\$20 RETURNING PARTICIPANTS

TOTAL:

THE FIRST 30 REGISTRANTS WILL RECEIVE A RACE DAY T-SHIRT.

GENDER: M F SIZE: S M L XL

*NO AGE CATEGORIES

*WALKERS AND STROLLERS ARE WELCOME

*PRIZES AWARDED TO 1ST, 2ND, AND 3RD PLACE WINNERS

WAIVER: AS AN ENTRANT IN THE 2ND ANNUAL JPPM 5K RUN/WALK, I ASSUME COMPLETE RESPONSIBILITY FOR INJURY TO ME OR DAMAGE TO PROPERTY WHICH MAY OCCUR DURING THE EVENT OR WHILE I AM ON THE PREMISES OF THE EVENT. I HEREBY RELEASE AND HOLD JEFFERSON PATTERSON PARK AND MUSEUM, VOLUNTEERS, SPONSORS AND ALL OTHER PERSONS OR GROUPS ASSOCIATED WITH THE EVENT, INCLUDING THE FRIENDS OF JEFFERSON PATTERSON PARK AND MUSEUM, FROM ANY AND ALL LIABILITY ASSOCIATED WITH THIS EVENT OR OTHERWISE. I UNDERSTAND THERE ARE NO REFUNDS AND THAT JEFFERSON PATTERSON PARK AND MUSEUM RESERVES THE RIGHT TO CANCEL THE EVENT FOR WEATHER-RELATED REASONS AT ITS SOLE DISCRETION. I GRANT PERMISSION FOR ANY AND ALL OF THE FOREGOING TO USE ANY PHOTOGRAPHS, VIDEOTAPES OR RECORDINGS OR ANY OTHER RECORD OF THIS EVENT FOR ANY PURPOSE WHATSOEVER.

PRINT NAME

SIGNATURE

DATE:

**(IF REGISTERING AS GROUP, SEPARATE SIGNED WAIVERS ARE REQUIRED)*

MAKE CHECKS PAYABLE TO:
 FRIENDS OF JEFFERSON PATTERSON PARK AND MUSEUM

CREDIT CARD PAYMENTS: 410-586-8501

PAYPAL: WWW.FRIENDSOFJPPM.ORG

Jefferson Patterson Park and Museum
 State Museum of Archaeology

10515 MACKALL RD

ST. LEONARD, MD 20685

TEL: 410.586.8501