

4th Annual E3 Family 2K/5K Fun Run

Saturday, April 25, 2009

START/FINISH:

Grapeland Elementary School
7171 Etiwanda Avenue
Rancho Cucamonga

Pre-Registration @ 7:00 AM

2K Race @ 8:00 AM

5K Race @ 8:30 AM



**Etiwanda Excellence in
Education Foundation**

Registration For
(please circle one)

2K

5K

For more information

Visit www.e3foundation.org

Check if you would not like to have your info name,
etc. released to Runner's World

Check to not be on our mailing list

Race Rain or Shine

Mail entry form & check payable to E3 Foundation, PO Box 684, Rancho Cucamonga, CA 91729

LAST NAME: _____ FIRST: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER (WITH AREA CODE): _____

EMAIL ADDRESS _____

AGE: _____ DATE OF BIRTH: _____

SEX: M F T-SHIRT SIZE (ADULT SIZES): S M L XL

OFFICIAL USE ONLY: _____

Age Group (circle one)

Under 10 30-39

10-15 40-49

15-19 50-59

20-29 60 +

Registration Fee before 4/13	Registration Fee after 4/13 or on race day
Grades 8 and under \$10	Grades 8 and under \$15
Grades 9 and over and adults \$15	Grades 9 and over and adults \$20

(Fee is Non-Refundable)

Total \$ _____

WAIVER: In consideration of acceptance of this entry into the E3 2K/5K road race, I the undersigned intending to be legally bound do hereby, for myself, my heirs, executors, and administrators, waive and release all rights and claims for damages I may have against the race director and officials, the City of Rancho Cucamonga, E3, the Etiwanda School District and any and all race sponsors and supporters, volunteers, their agents, successors and assigns, for any and all injuries suffered by me in this event. I assume all risks with entering this event, including but not limited to falls, contact with other participants, effects of weather, traffic and the condition of the road. All such risks being known and appreciated by me. I attest and verify that I am physically fit and sufficiently trained for the completion of this event and my physical condition has been verified by a licensed Medical Doctor within the last 6 months. I know bicycles, in-line skates and skateboards are not allowed on the course. I hereby grant full permission to any and all of the foregoing to use my photographs, videotapes, motion pictures, recording or any other record of this event for any legitimate purposes without compensation or remuneration.

SIGNATURE (Parent/guardian must sign if under 18) _____ DATE _____