



2010 Running Kids Belle Isle Run

Race: Youth running event. Age groups 5 – 8 compete in a 1 mile run. Age groups 9 – 15 compete in a 2 mile run.

Dates/Location: Saturday 8:30 - **August 14th**/Belle Isle (Address: Tredegar St, Richmond)

Age: Child must be between the ages of 5 -15. Divisions will be based on the age and gender of the child.

Divisions: Boy: 5-6, 7-8, 9-10, 11-12, 13-15; Girls: 5-6, 7-8, 9-10, 11-12, 13-15

Awards/Giveaways: Medals are given for the top 3 finishers in each division. All participants receive event t-shirt & cool sponsor giveaways. Some great random prizes can be won by anyone after the awards ceremony. Must be present to receive the prize.

Registration Fee: \$15 - fee includes t-shirt, ribbon, giveaways & clinic (+\$5 on race day) - no t-shirt guarantee after Aug 5th registration. Mail registration & check to: Running Kids, P.O. Box 3593 , Chester , VA 23831

Secure Online Registration : www.raceit.com (online registration closes Aug 12th - 10pm)

VOLUNTEERS! In order to make each event a success we need dedicated volunteers to assist with set-up, course marshalling, timing, and tear-down. A breakfast snack and thank you package will be provided to all volunteers. Your support will contribute to improving the health and shaping the character of participating children. It is an incredibly rewarding experience! Please contact Noelle Grosso at info@runningkids.net or call (804)706-1038 if interested. Thank you!

For more race information visit www.runningkids.net or contact 804-706-1038.

Full name of Child: _____

Full Mailing Address: _____ **City/State:** _____ **Zip:** _____

Phone #: _____ **Email:** _____

Gender: Boy / Girl (circle one) **Age on race day:** _____ **T-shirt Size:** Youth M, Youth L, Adult S, Adult M, Adult L (circle)

As a signing parent or legal guardian, I state that my child is in proper physical condition to participate in this (or these) event(s). I know that running, & exercise is a potentially hazardous activity and should not be entered unless medically able. I agree to abide by any decision of a program director relative to the ability to safely complete the program. I assume all risks associated with participation in this event, including but not limited to falls, contact with other participants, the effects of weather, including extreme temperatures and humidity, traffic, and the conditions of the trails & track, all such risks being known and appreciated by me. Having read this waiver, and knowing these facts, and in consideration of your accepting my entry, I, and anyone entitled to race on my behalf, hereby waive and release Running Kids, the program directors, program location(s), all sponsors, their representatives, and successors from all claims or liabilities of any kind arising out of participation in this event.

PARENT/GUARDIAN SIGNATURE FOR CHILD: _____

Mail registration form with check to: Running Kids, P.O. Box 3593, Chester, VA 23831 **(Sorry No Refunds)**

For more race information visit www.runningkids.net or call (804) 706-1038.