

**Almaden Times Classic
10K / 2 Mile Race
REGISTRATION FORM**

Separate Registration Form required for each participant

Please fill out form completely and mail with check to:

AVCS
6529 Crown Blvd., Suite D
San Jose, CA 95120

Make checks payable to AVCS

Any questions call 408-997-0200 or email staff@avcounseling.org

EVENT 10 K 2 Mile **SEX** M F **Age Race Day** _____ **Date of Birth** _____

SHIRT SIZE S M L XL (Adult Sizes)
L (Youth Size – only one Youth size offered)

Race Fee \$25.00
\$13.00
\$60.00

Adult
 Child (under 12)
 Family (up to 4 members)
Separate Registration Form for each family member

These fees are for PRE-REGISTRATION. In order to qualify for these fees, your form must be received by Tuesday, 9/22/09.

Total Registration Amount \$ _____

* *Registrations fees are NOT refundable*

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Home _____ Work _____

E-mail _____

Waiver: In consideration for your application this entry I, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims I may have against the persons and organizations affiliated with this race, the officials, the City of San Jose, Almaden Valley Counseling Service and all race sponsors for any and all injuries that may be suffered by me while participating in or traveling to or from the Almaden Times Classic Run/Walk. I attest that I am physically fit and have sufficiently trained for this event. I grant full permission for any photographs taken to be used for whatever purpose. I acknowledge that I have read and understand all of the above.

ALL ENTRANTS MUST SIGN WAIVER (Signature of Parent/Guardian if under 18)

DATE