

Kit's Miracle Mile

Rejoicing in the Triumphs of Survivors with Brain Injuries



**6th Annual 10K Run/Walk and Fun Run
To Benefit Survivors of Brain Injuries**
Sunday, September 27, 2009 George Mason University, Fairfax, VA
Registration 7:30 AM; Race Time 9:00 AM; Fun Run 9:15 AM

Register Early and Save!

Entry Fee: \$25 per Individual, \$10 for Survivor/Veteran, Kids under 10 are FREE
Day of Registration \$30

This event is for the whole family.

Join us before and after the event for fun activities at the Brain Injury Awareness Fair!

Mail the form and check to:

BIS Miracle Mile Event

13710 Ashby Road

Rockville, MD 20853-2903

Checks made payable to Brain Injury Services

If paying by credit card, mail it to the above address, or fax it to:

(301) 871-0006

(Do not fax after September 24th)

Please visit www.kitsmiraclemile.org for more information

Registration Form (Please Print. Illegible forms will be rejected)

Name _____ Team Name (if applicable) _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Home Phone _____

Race Category: 10K Run (USATF-Certified VA-08033-RT) 10K Walk Fun Run (10 and under) Circle of Hope

Sex ____ Age on Race Day ____ T-shirt Size (Free): S M L XL Kid T-Shirt Size at \$12/t-shirt: YS YM YL

Cost: Children (under 10 years) FREE Survivor/Veteran \$10 Individual \$25 Team \$25/individual

Note: Raise \$100 or more in donations and your registration fee is waived.

Payment: Check payable to BIS, Inc. American Express Visa MasterCard

Total Amount Due: \$ _____ Card Number _____ Exp. Date _____

Signature _____ Yes, I want to receive the free, bi-weekly eNewsletter, WRR Express

LIABILITY WAIVER MUST BE SIGNED BEFORE MAILING OR FAXING:

I know that running a road race is a potentially hazardous activity and that I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, 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, for myself and anyone entitled to act on my behalf, waive, release and indemnify Brain Injury Services, Capital Running Company, USATF, George Mason University, The Callahan Family, all organizers and all other sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event or carelessness on the part of the persons named in this waiver. Further, I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for legitimate purposes.

Signature: _____ Date: _____

(Parent or guardian if under 18)