21ST ANNUAL 10K FALL CLASSIC

October 20, 2012 at 9 a.m.

REGISTRATION: Pre-registration is $20 for entries received prior to the event at the Fitness and Sports Office. Free to active duty military without official 10K shirt. Registration is $22 the day of the race from 7:30-8:30 a.m. at the Drill Hall. Send check or money order made payable to the MWR Fund, along with entry form(s) to: Recreation Division, Morale, Welfare and Recreation Department, 47382 Keane Road, Patuxent River, MD 20670-5304

ELIGIBILITY: Open to active duty, reservist and retired military, reservists, DoD employees and their family and their accompanied guests.

COURSE: 10K course aboard the Naval Air Station, Patuxent River, Maryland.

RACE PACKETS: Race packet may be picked up at the Race Headquarters at the Drill Hall from 7:30 to 8:30 a.m. the day of the race.

AIDES AND FACILITIES: Water stops at the 2 & 4 mile marks and the finish. Splits will be given every two miles. The course will be radio-monitored and medical aid available from start to finish.

AWARDS: Awards for Top Male and Female Overall Finishers. Also First, Second and Third Place Overall for Male and Female in six age groups: 19 and under, 20-29, 30-39, 40-49, 50-59 and 60 and over.

RACE DIRECTOR: Hal Willard (301) 757-1194 or harold.willard@navy.mil.

FAMILY FRIENDLY FITNESS

NAS Pax River/NRC Solomons

10K Fall Classic Registration Form

Name _____ Phone _____

E-Mail Address _____ Age _____ Sex: (*Circle One*) Male Female

T-Shirt Size: (*Circle One*) Small Medium Large X-Large XX-Large

Release Certification

I assume entry in this race at my own risk and understand that running a road race is a potentially hazardous activity. In consideration of the acceptance of my entry, I, intending to be legally bound, hereby, for myself, my heirs, executors, administrators and assigns, waive and release any/all rights and claims for losses or damages I may have or hereafter accrue to me against the sponsors and any and all individuals and groups involved in the coordination and operation of the 10K Fall Classic, their representatives, successors and assigns for any and all injuries suffered by me in this event, including those attributable to weather conditions or vehicles. I agree to abide by the decisions and judgment of race officials regarding my removal from the race course for medical or other valid reasons which they determine to be in the best interests of the safe race for all runners. I attest and verify that I am physically fit and have trained for this race.

Photo Policy

On occasion, MWR staff may photograph or videotape participants utilizing MWR facilities or participating in recreational programs. These photographs are for MWR use only and may be used in publications, brochures, pamphlets, flyers or video productions.

Signature of Participant _____ Date _____

Co-Signature* _____ Date _____

**(If applicant is under 18 years of age, form must be signed by parent or legal guardian.)*

Send check or money order made payable to the **MWR FUND**, along with entry form(s) to:

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