



April 11th, 2010
Central Park, NYC

to Benefit Lung Cancer Research and Create Awareness

Race Event Registration

Please fill out this form to enter the Thomas G. Labrecque Run As One race.
Print and fax it with your credit card information or mail it with your check to:

Thomas G. Labrecque Foundation

1414 Prince Street, Ste. 400

Alexandria, VA 22314

Phone: 703-539-5705

Fax: 703-997-8907

- All race entry fees received by **April 7th** will go directly to support lung cancer research.
- All mailed entry forms must be postmarked by **April 2nd** and all faxed forms must be received by **5:00pm, April 5th** or they will be returned.

Asterisk * denotes REQUIRED field

* 4 Mile [scored RUN] 9:00 am * 1.7 Mile [health WALK] 9:15 am * Estimated Pace per Mile _____

First Name: * _____ Last Name: * _____

Date of Birth: * mo/day/year (00/00/00) _____ Gender: * Male Female

Address: * _____ Suite or Apt: _____

City: * _____ State: * _____ Postal Code: * _____

Country (if not USA): _____

Company: _____

Use the above field if you want to utilize your company's matching program.

Daytime Phone: * (Work) _____ E-mail Address: * _____

Active E-mail address required to receive electronic confirmation!

Chip Number: _____ Enter if you are using your OWN ChampionChip

(Numerals only-no dashes). Non-chip owners will receive a chip with their running number.

NYRRC#: _____ Optional if you want the race to be included in your race history.

Adult \$25.00 Child \$25.00

Payment Method:  

Credit Card Number: _____ Enter numerals only. (Sorry, No debit cards.)

Expiration Date: _____ mo/year (00/00)

WAIVER OF LIABILITY: I know that participating in NYRRC events is a potentially hazardous activity. I agree not to enter and participate unless I am medically able and properly trained. I agree to abide by any decision of an event official relative to my ability to safely complete the event. I am voluntarily entering and assume all risks associated with participating in the event, including, but not limited to, falls, contact with other participants, spectators or others, the effect of the weather, including heat and/or humidity, traffic and the conditions of the course, all such risks being known and appreciated by me. I grant to the Medical Director of this event and his designee access to my medical records and physicians, as well as other information, relating to medical care that may be administered to me as a result of my participation in this event. Having read this Waiver and knowing these facts, and in consideration of your acceptance of this application, I, for myself and anyone entitled to act on my behalf, waive and release the Thomas G. Labrecque Classic, Road Runners Club of America, USA Track & Field, the City of New York and its agencies and departments, the Metropolitan Athletics Congress, and all sponsors, and their representatives and successors, from present and future claims and liabilities of any kind, known or unknown, arising out of my participation in this event or related activities, even though such claim or liability may arise out of negligence or fault on the part of any of the foregoing persons or entities. I grant permission to the foregoing persons and entities to use any photographs, motion pictures, recordings, or any other record of my participation in this event or related activities for any legitimate purpose without remuneration.

I accept and agree to the above waiver. I do not accept nor agree to the above waiver.

Race Information raceinfo@runasone.com | Sponsor Information sponsorinfo@runasone.com | Donor Information donorinfo@runasone.com

For online entry forms and information www.runasone.com