

National Press Club 5K :BEAT THE DEADLINE- June 9, 2012

RACE # _____ (office use only)

First Name: _____

Last Name _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Age on Race Day: _____ Team Name: _____

Media Team: Y or N **Congressional Team:** Y or N **NPC Member:** Y or N

Gender: Male Female **T-shirt size:** Medium Large Extra large

_____ **NPC members and students: \$25 until 5/30 NPC member** _____

_____ **General: \$30 until 5/30**

_____ **\$35 for all runners after 5/30**

_____ **\$40 for all runners on race day**

All entry fees include official 5K shirt and entrance to the post-race pancake breakfast.

I would like to make a donation to the EFNJL in the amount of \$ _____

Extra Post -Race Breakfast: (\$10) # _____ TOTAL: \$: _____

___ Visa ___ MasterCard ___ AMX ___ Discover ___ Diner's

___ **Check (please make checks payable to National Press Club Journalism Institute of NPCJI)**

Card# _____

Exp. Date. _____ V-Code: _____

Signature _____

I know that running is potentially hazardous activity. I should not enter or run in club activities unless I am medically able and properly trained. I agree to abide by any decision by a race official relative to my ability to safely complete the run. I assume all risks associated with running in this race including but not limited to, falls, contact with other participants, the effects of weather, including high heat and or humidity, the conditions of the road and traffic on the course all such risks being known and appreciated by me. Having read the waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release Amazing Race Timing, USATF, the National Press Club, National Press Club Journalisms Institute, and all sponsors and donors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event though that liability may arise out of negligence or carelessness on the part of persons named in this waiver.

Signature _____ Date: _____

Mail registration forms and payment c/o Melinda Cooke, 529 14th street, NW Washington, DC 20045, email mcooke@press.org or fax to 202.662.7512 or 7569