

# REGISTRATION FORM

***RUBY'S RUN***  
***SATURDAY, NOVEMBER 8, 2009***  
***CARILLON GROUNDS AT BYRD PARK***  
***1:00 – 4:00 PM***

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

GIRL OR BOY ? (CIRCLE ONE)

AGE GROUP: (CIRCLE ONE)      4

5-6

7-8

9-10

11-12

.....

T-SHIRT SIZE: (CIRCLE ONE)      CHILD S

CHILD M

CHILD L

ADULT S

ADULT M

.....

MY SCHOOL: \_\_\_\_\_

MY EMAIL ADDRESS: \_\_\_\_\_

***TURN FORM OVER – HAVE PARENT OR GUARDIAN SIGN ON SECOND PAGE ☺***

[www.rubys-run.com](http://www.rubys-run.com)

## RUBY'S RUN 2009

**Waiver:** I know that participating in a foot race is a potentially hazardous event. I am voluntarily permitting my child to enter this event (Ruby's Run) and assume all risks associated with participating in the event. In consideration of your acceptance of this application, I, for my child and anyone entitled to act on his/her behalf, waive and release the race organizing committee, the Mayor and City of Richmond, the Department of Parks and Recreation, Public Works, all sponsors, all volunteers, and their representatives and successors, from present and future claims and liabilities of any kind, known or unknown, arising from my child's participation in this event or related activities.

I acknowledge that I am responsible for my child, and therefore agree to be present during the entire time my child is in attendance at this event. I understand that if my child is not accompanied by a parent or guardian, he or she will NOT be permitted to participate in Ruby's Run.

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Required Signature on above line

Date

**Waiver must be signed and dated. Must be signed by entrant's parent or guardian**

Participant's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_  
(please print)

Address: \_\_\_\_\_

Email or phone contact: \_\_\_\_\_

MAIL COMPLETED FORM and \$5.00 entry fee to:

Ruby's Run  
P.O. Box 70176  
Richmond, VA 23255-0176

THANK YOU