**Registration**

Name

Address

City Zip

Phone Text? Y or N

Email

Parents Name

Birthday (00/00/0000) Male Female

Uniform Size if needed. Circle Shirt - Youth **or** Adult Sm Med lg Xl

Short- Youth **or** Adult Sm Med Lg XL

T-Shirt size Youth Sm Med Lg  **or** Adult Sm Med Lg Xl

**Waiver**

WAIVER OF LIABILITY: Participant understands that he/she is subject to the school and council rules of conduct and sportsmanship. The undersigned acknowledges that neither the Freedom Area Recreation Council nor the Eldersburg Rogue Runners provide any registrant medical or hospitalization insurance whatsoever, and hereby waives any and all claims against the Freedom Area Recreation Council, the Carroll County Department of Recreation and Parks, Eldersburg Rogue Runners, or any other person affiliated with these entities and sponsors for injuries sustained while watching or participating in this event or traveling to and from event. I also agree that photographs taken of my child or me while participating in this activity may be used for publicity purposes.

I am the legal guardian of the athlete listed above and have read the above waiver of liability

Signature and Date

Mail to : ERR youth Cross Country

PO Box 1726 Eldersburg MD 21784