



# 7th Annual Annapolis/Kent Island Run & Dog Walk <sup>and</sup> Fun Run

Sunday, April 23, 2017

Kent Island High School, Stevensville, Maryland



America's VetDogs trains guide and service dogs to provide independence and enhanced mobility to disabled veterans from all eras.

For more information, or to register, visit [Race4Vets.VetDogs.org](http://Race4Vets.VetDogs.org) or call 631-930-9054

Tag us in your posts!  
#Race4Vets

Male and Female timed race categories include:  
10 and under, 11 to 15,  
16 to 19, 20 to 29, 30 to 39,  
40 to 49, 50 to 59, 60 to 69, 70  
plus, female overall & male overall.



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Send entry and check (Payable to America's VetDogs) to:

America's VetDogs, Attn: Jaime McGrade, 371 East Jericho Turnpike, Smithtown, NY 11787

**ONLINE REGISTRATION AVAILABLE AT [Race4Vets.VetDogs.org](http://Race4Vets.VetDogs.org) through Wednesday, April 19, 2017, at noon.**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age on race day: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_  
 Kids Fun Run \$15 \_\_\_ KIHS Student/Faculty \$20 \_\_\_ Veteran \$30 \_\_\_ Civilian \$35 \_\_\_ Virtual \$25 \_\_\_ Walk Up \$40 \_\_\_  
 10K \_\_\_ 5K \_\_\_ 1 mile Fun Run \_\_\_ 5K with Dog \_\_\_ Dog Walk \_\_\_ Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**IN ORDER FOR YOUR ENTRY TO BE COMPLETE, YOU MUST COMPLETE THE ENTRY, READ AND ACKNOWLEDGE THE FOREGOING INFORMED WAIVER AND SIGN BELOW:** In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors and administrators, successors and assigns, HEREBY WAIVE AND RELEASE AND HOLD HARMLESS AMERICA'S VETDOGS AND THE GUIDE DOG FOUNDATION, and all event sponsors, and their agents, employees, successors and assigns for any and all liabilities, claims, demands, and causes of action whatsoever arising directly or indirectly from my participation in this event, even if such liabilities, claims, demands and causes of action arise in whole or in part out of the negligence of any of the above organizations or individuals. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event, and that my physical condition has been verified by a licensed Medical Doctor or Doctor of Osteopathic Medicine. If signed by a parent, the parent agrees to release and hold the above-named organizations and individuals harmless of any claims and rights which might otherwise have been asserted on behalf of the applicant. Further, I hereby grant permission to any and all of the foregoing organizations and individuals to use photographs, videotapes, motion pictures, recordings, and any other record of this event for any purpose whatsoever.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 If under 18 years old, signature of parent or guardian: \_\_\_\_\_