10K RACE FORM

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May 5, 2018 Apple Blossom Valley Health 10K

Mail form and check (payable to) Shenandoah Apple Blossom Festival®, 135 N. Cameron Street, Winchester, VA 22601 www.thebloom.com

(Please Print ONE Character per box)

First Name _____ Last Name _____ Age as of 5/5/18 ____

Address _____ Sex: M/F ____

City _____ State ____ Zip _____

D.O.B. ____/____/_____ Phone ___-___-____

Signature Required_____ Email _____

Parent Signature (required if runner is under 18)_____

Waiver: In consideration of your accepting this entry, I the undersigned, intending to be legally bound, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the City of Winchester, County of Frederick, Shenandoah Apple Blossom Festival®, all race officials, their representatives, successors, and assigns for any injury I may receive as a result of participating in the event. I attest that I am physically fit and trained to complete this event. My condition has been recently verified by a physician. I also release any and all photos that may involve myself.

ONE ENTRY PER FORM • COPIES PERMITTED