

# KIDS BLOOMIN' MILE FORM

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## May 4, 2018 Shenandoah Valley Othodontics Kids Bloomin' Mile

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

(Please Print ONE Character per box)

First Name	<input type="text"/>	Last Name	<input type="text"/>	Age as of 5/4/18	<input type="text"/>
Address	<input type="text"/>				Sex: M/F <input type="text"/>
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
D.O.B.	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Phone	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
Email	<input type="text"/>				

Parent Signature Required \_\_\_\_\_

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 my child may receive as a result of participating in the event. I attest that my child is physically fit and trained to complete this event. My child's fitness has been recently verified by a physician. I also release any and all photos that may involve my child.

**ONE ENTRY PER FORM • COPIES PERMITTED**

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