



Saturday, May 21st
8:00-10:00AM
McCullough Field
8th & Montgomery St.
Laurel, MD 20707

Register online at www.laureladvocacy.org!

\$30 in advance / \$35 on race day

OR mail this form with check to LARS at 311 Laurel Ave, Laurel MD 20707

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) ____-____

Email: _____

Birthdate: ____/____/____ Sex: ☐ Male ☐ Female

Which event will you be participating in? ☐ 5K Run ☐ 1 Mile Walk ☐ Sleepwalker

T-Shirt Size: (*+5 for XXL)

XS S M L XL *XXL

Waiver & Release: In consideration of your accepting my entry, I, intend to be legally bound for myself, my heirs, my executors, and administrators, do hereby release and discharge Laurel Advocacy and Referral Services, Inc. and all other contributors from any and all liability arising from illness, injury, and damages that I may suffer as a result of my participating in this event. I also understand that any sponsors may use for publicity of the 5K/1 Mile Walk for LARS, my name and/or picture without any obligation or liability to me.

Signature: _____ Date: _____
(Parent or guardian must sign for participants under 18)

Bring a friend!

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) ____-____

Email: _____

Birthdate: ____/____/____ Sex: ☐ Male ☐ Female

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