

2009 BRIDGE RUN ENTRY FORM---April 4, 2009

WHEELCHAIR Division- 10K Road Race event

Use one application per person

Must meet WSUSA* Standards for Road Racing to enter this event

Registration--\$25 by 3/6/09; \$30 until 3/13/09

No registration after 3/13/09

Last Name _____ First Name _____

Mailing Address, Include Apt. number _____

City _____ State _____ Zip code _____

Circle T-shirt size : S M L XL XXL (XXL \$2 extra)

Phone Number _____ Age _____ M/F _____

Email address : _____

Division: OPEN MASTER QUAD Functional Classification: _____

WSUSA Qualifying Event – City & Date: _____

LIABILITY WAIVER & RELEASE Upon acceptance of my entry, I, for myself, my heirs, & assigns, hereby release the sponsors & officials of the Cooper River Bridge Run & Walk from any and all liability arising from illness, injury or death I may suffer as a result of my participation in these events. I attest that I am physically fit and have sufficiently trained for these events and I am aware that my participation could, in some circumstances, result in physical injury. Should officials determine that completion of these events would be injurious to my health, I consent to be removed and treated by the physician in attendance or of their direction. I also consent to my removal in the event that I violate the prohibition on strollers, bikes, skates, or other wheeled devices or if I in any way endanger the safety of others. I give permission for free use of my name & pictures in any broadcast, telecast or written account of these events. I understand that the entry fee is NON-REFUNDABLE.

DATE: _____

SIGNATURE (participant): _____

SIGNATURE (guardian if under 18): _____

Please make checks payable to: Achieving Wheelchair Equality AWE

Mail to: Roper Rehabilitation Hospital

Attn: Kim Aquino

316 Calhoun St., Charleston, SC 29401

Contact: 843-724-2811 For more information: www.awelws.org or www.bridgerun.com

*Wheelchair Sports USA Association