



# TEAM REGISTRATION

YES, (*name of company/organization*) \_\_\_\_\_ will join forces with the River City Express Network of the American Business Women's Association in promoting women's education by participating in the 2010 River City Relay™.

Team Captain Name \_\_\_\_\_

Team Member #2 Name \_\_\_\_\_

Team Member #3 Name \_\_\_\_\_

Team Member #4 Name \_\_\_\_\_

Team Member #5 Name \_\_\_\_\_

## WAIVER OF CLAIM

In consideration of acceptance of this entry, I waive and release any and all claims for myself, my agents and my heirs against the River City Express Network, the American Business Women's Association, the ABWA Company, Inc., any ABWA chapter or local affiliate group, the city of Richmond, sponsors, properties of the relay points for the Relay, and all officials of the race for any injury or illness which may directly or indirectly result from my participation in the River City Relay™ to be held on September TBA 2010.

I certify that I am in good physical condition, of legal age in the state of Virginia, and fully able to participate in this event.

**I have read and understand this waiver and agree to the waiver conditions.**

Participant Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (eve) \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**I have read and understand this waiver and agree to the waiver conditions.**

Participant Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (eve) \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**I have read and understand this waiver and agree to the waiver conditions.**

Participant Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (eve) \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**I have read and understand this waiver and agree to the waiver conditions.**

Participant Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (eve) \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**I have read and understand this waiver and agree to the waiver conditions.**

Participant Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (eve) \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail this completed form and your team's check for \$250 made payable to River City Express Network to:**

Cindy Mims. 3 Poe Street, Richmond, VA 23222

**Registration deadline: TBA**

More information and online registration is available at:

[www.RiverCityExpressNetwork.org](http://www.RiverCityExpressNetwork.org)