



SURVIVOR HARBOR 7

Please fill out entire the information below and mail the completed form with your payment to:
The Active Survivors Network : P.O. Box 6707 / Towson, MD 21285 or go to www.active.com

All fields are **REQUIRED**.

First Name _____ Last Name _____

Date of birth (dd/mm/yyyy) _____ Age on day of race _____ Gender: M F

Which race will you be participating in? Please circle. 7-Mile Race 4-Mile Race

Wheelchair division, please circle. Hand Cycle Push Rim

Are you entering the Survivor Category? Y N

What illness or accident have you overcome or are you living with? _____

Address _____ City _____

State _____ ZIP _____ Phone _____

Email _____ Emergency Contact Info _____

Pre-Order SH7 Performance Shirt \$12. (\$15. @ Packet Pick Up, if available)

Women's S M L XL

Men's S M L XL XXL

FEE ENCLOSED \$35 (PRIOR TO PACKET PICK-UP) \$40 (AT PACKET PICK-UP) \$45 (ON RACE DAY)

CHECK (PLEASE MAKE ALL CHECKS PAYABLE TO ACTIVE SURVIVORS NETWORK)

CREDIT CARD # _____ EXPIRATION DATE (MONTH/YEAR) _____

AMEX MASTERCARD VISA VIN # _____

DONATION TO ASN (NOT REQUIRED) _____

Survivor Athlete Eligibility

Survivor division eligibility includes those diagnosed with serious illness or accidents and those living with disease. This includes heart disease, stroke, cancer, serious lung disorders, MS, HIV/AIDS, diabetes, other immune deficiencies, serious accident survivors or other serious illnesses. If you have questions on eligibility, e-mail webmaster@activesurvivor.org. Questions on eligibility will be addressed by the Active Survivors Network advisory committee. See www.activesurvivor.org for more details.

Runner Waiver

I have full legal authority to complete this registration. If I am registering for parties other than myself, I am fully authorized by those parties to register on their behalf. In addition, I understand that the terms and conditions of this registration apply to myself and to all parties that I register. I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running, including but not limited to falls, contacts with other participants, the effects of the weather, including high heat and/or humidity, low temperature, traffic and conditions of the road, all risks being known and appreciated by me. Having read this release and knowing these facts and in consideration of accepting my entry, I for myself and anyone entitled to act in my behalf or on behalf, waive and release the Active Survivors Network and all sponsors of the race, the officers, persons assisting with the race, the officers, Board, Board members, agents, servants, employees, and their successors and assigns of each and every of the above from all claims or liabilities of any kind arising out of my participation in the race even though the liability may arise out of negligence or carelessness on that part of the persons referred to in this waiver. I understand I may be photographed at this event or during related activities, and I agree to allow my photo, video, or film likeness to be used for any legitimate purpose. I understand that bicycles, skateboards, baby joggers, roller skates or blades, animals, and radio headsets are not allowed in the races and I will abide by this guideline.

Name (signature required) : _____

Date : _____