



**Monday, September 4<sup>th</sup> @ 9:00 a.m.**  
**C. Eugene Mason Sports Complex in Cumberland, MD**

**100% of Race Entry Fees will go to the Fraternal Order of Police Lodge #90 to Support  
 Drug Prevention, Awareness, and Recovery Programs**

**THE COURSE:** The start will be at the C. Eugene Mason Sports Complex in south Cumberland, and the course will travel along the C&O Canal Towpath prior to returning to the finish at the C. Eugene Mason Sports Complex.

**DIVISIONS:** 4 Mile Run; 1 Mile Fun Walk

**START TIME:** Race/Walk will start at 9:00 a.m. – Packet pick-up and day of registration will be from 7:30 a.m. to 8:45 a.m. at the C. Eugene Mason Sports Complex. Registration will close promptly at 8:45 a.m. No registrations will be taken or packets picked-up after 8:45 a.m.

**PARTICIPANTS:** Only runners and walkers who are pre-registered by Monday, August 28<sup>th</sup> will be guaranteed a race t-shirt. All runners and walkers are invited to enjoy post-race refreshments. **\*\*All participants are encouraged to sport their school spirit by wearing their school colors.**

**AWARDS:** Awards for top male and female masters and to the top three finishing runners in the following age groups in run: 9 and Under, 10-12, 13-15, 16-19, 20-29, 30-39, 40-49, 50-59, 60 & over

**ENTRY FEE:** \*\$10 K-12 Students pre-registered by August 28<sup>th</sup>; \$15 K-12 Students after August 29<sup>th</sup> through race day  
 \*\$15 for General Public pre-registered by August 29<sup>th</sup>; \$20.00 for General Public after August 29<sup>th</sup> through race day

**REGISTRATION:** Write checks payable to FOP Lodge #90. Mail Check and Race Registrations to:  
 FOP Lodge #90 P.O. Box 111 Cumberland, Maryland 21501-0111

Name: \_\_\_\_\_ Age on 09/04/17: \_\_\_\_\_

Gender (circle one): Female/Male Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Race distance: 4 Mile Run \_\_\_\_\_ 1 Mile Walk \_\_\_\_\_

Shirt size (circle one): Adult: S M L XL

**Waiver of Liability**

I know that running a road race/walk is a potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or roller blades, animals are not allowed in the race, and I will abide by all race rules. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the race director, the race committee, and volunteers of the Prescribe Change 4 Miler, the Mayor and City Council of Cumberland, MD, the City of Cumberland, the Allegany County Health Department, the Allegany County Sheriff's Department, FOP Lodge #90, The Caporale Group, The Allegany County Public Schools, the Queen City Striders, all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Signature if under 18:** \_\_\_\_\_ **Date:** \_\_\_\_\_