



4th Brave American Classic Registration Form

*The home of the Free...
...Because of the Brave*



First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: _____ Date of Birth: _____

Gender: Male Female

Event: 10K Run (\$40) 5K Run (\$25) 1 Mile Walk (\$15)

T-Shirt Size (unisex sizes): S M L XL

Veteran? If Yes, Branch & When: _____

On a Team? If Yes, Team Name: _____

Waiver – Please read and sign your name below

I know that running/walking in a road race is a potentially hazardous activity. I should not enter and run/walk 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/walk. I assume all risks associated with running/walking in the Brave American Classic race on March 7, 2015, including but not limited to falls, contacts with other participants, the effects of the weather, including but not limited to the cold, 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 your accepting my entry, I, for myself and anyone entitled to act on my behalf or on behalf of my estate, waive and release Rob Veltre, The Sewickley Borough, and all sponsors of the race, any other persons assisting with the race, and every of the above from all claims or liabilities of any kind arising out of my participation in the run/walk. I also grant permission for the use of any photographs, motion pictures, recordings or any other record of my participation in this event for any legitimate purpose. I understand that if the race is canceled because of circumstances beyond the control of the race committee and sponsors, including, but not limited to unsafe weather conditions or governmental ban, my entry fee will not be refunded.

Signature: _____

Signature of parent/guardian required if participant is less than 18 years of age

To be completed by registration official: BIB # _____

Registration Form Instructions

1. Fill in all of the fields on the form; all fields are required.
2. Payment (cash or check) is due with your registration form.
3. Make checks payable to: **Boulder Crest Retreat Foundation**
4. Mail payment to:

**4th Brave American Classic
c/o Rob Veltre
735 Beaver Street
Sewickley, PA 15143**
5. The Email Address & Phone Number fields are so that we can contact you in case we have questions about your registration or need to communicate late-breaking changes in race logistics.
6. If you're joining a Team or creating a Team, write the Team name.
7. Be sure to read the standard waiver and sign your name.
8. The BIB # is assigned by us, please leave that blank.
9. The race benefits Boulder Crest Retreat for Wounded Warriors (<http://bouldercrestretreat.org/>).

If you wish to make an additional donation to the Retreat, there are 2 options:

- a. Include the additional amount in your registration payment; or
 - b. Make a donation online via the Boulder Crest Retreat website. If you do, be sure to select Program Designation "Friends of the Keystone State Cabin".
10. If you have any questions about registration, the form, or the race, please email me at rveltre262@gmail.com.

Thank you very much for supporting the mission of Boulder Crest Retreat!

The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional to how they perceive veterans of early wars were treated and appreciated by our nation."

~ George Washington