



VR Pro Event Registration Form: PSN/BIB: _____

Name of Race / Event: _____ Date of Race: _____

Name: _____ Phone Number: _____

Address: _____

City: _____ Postal Code: _____

Sex: Male Female Age: _____ D.O.B. (month/day/year): _____/_____/_____

Email: _____

Running Walking Distance: _____ Price: _____ T-shirt Size: _____

Promo Code/Special: _____

Total \$: _____ Visa Mastercard AMEX Cash Cheque (Sorry, no refunds!)

Card Number: _____ Expiry Date: _____

Signature: _____ CVV/CVC #: _____

Instructions/Rules:

Please make cheques payable to: "VR PRO, Inc."

Mail to: VR PRO, Inc., 561 Brant St., PO Box 85030, Burlington, Ontario L7R 4K3

Or drop off at The Running Room at the following locations:

Burlington: 3300 Fairview St., Unit 6C; Hamilton: 1457 Main West;

Oakville: 156 Lakeshore Blvd., or any other Running Room location

Questions or Comments?

**Please email:
kelly@vrpro.ca**

Amateur Athletic Waiver and Release of Liability:

I am participating at my own risk and waive all claims of every nature against organizers, officials, sponsors, and any other participating agencies in respect to personal loss, illness, bodily injury or death resulting from participating in these activities. I also fully understand the rigors of such a competition and I have prepared myself physically for the race. At the time of registration, I will inform race organizers regarding any relevant medical condition. I agree to follow the rules which govern road racing. I, the undersigned, have read the above waiver and release, and understand that I have given up substantial rights by signing it, and sign it voluntarily.

Participant's Signature: _____

Date (month/day/year): _____/_____/_____

Signature of Parent/Guardian (if participant is under 18 years of age): _____

