



First Aid / CPR / AED certification class

Tuesday, December 12, 7:00 PM to 9:00 PM

ACE Physical Therapy & Sports Medicine Institute
8230 Boone Blvd #202, Tysons Corner VA 22182

Instructor: Chrissy Fauls (onthescenettrainingyou@gmail.com)

\$125 per person (scholarships are available - write to racedirector@att.net)

\$100 per person for members of associated groups:

ACE Physical Therapy, Buy A Brick Foundation, DC Capital Striders, Marathon Charity Cooperation, Potomac Valley Track Club, Safety And Health Foundation

o If you want your team to be an associated group, please call me at 703-927-4833.

o A small donation is requested.

Limited to 20 entrants (Chrissy has 10 mannequins for CPR training)

Enter on-line at www.safetyandhealthfoundation.org

or use the mail-in form below

or fax to 703-521-6157

ACE PHYSICAL THERAPY & SPORTS MEDICINE INSTITUTE SAFETY AND HEALTH FOUNDATION

Make checks payable to **SHF** • 611 South Ivy Street • Arlington VA 22204

By entering this event, I agree, warrant and covenant as follows: I know that running is a potentially hazardous activity. I should not enter or run in competitive runs 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 in this race including, but not limited to, CONTRACTION OF ILLNESS INCLUDING COVID-19, falls, contact with other participants, the effects of weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release By A Brick Foundation, DC Capital Striders Running Group, Safety And Health Foundation, Marathon Charity Cooperation, RRCA, USATF, National Park Service, and all sponsors of this event, their directors, officers, employees, agents, 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 acknowledge that the application fee shall be non-refundable. I agree that the organizers of this event may use my name and likeness for publicity purposes.

Signature _____ (parent or guardian if under 18)

Name _____ Gender (M) (F) Age on 12/12/2023 [__ __]

Address _____ Birthday ____ - ____ - ____ (mm-dd-yyyy)

City ST ZIP _____

E-mail _____

Phone ____ - ____ - ____

Enclosed: \$125 payable to **SHF** Scholarships are available – Contact me at _____

Enclosed is an additional tax-deductible donation (enclose separate check) to:

ACE-PT

Safety And Health Foundation