

Mail your entry to:
Blue Cross Broad Street Run
P.O. Box 1552
West Chester, PA 19380

Make your check payable to:
Greater Philadelphia
Urban Affairs Coalition

Incomplete and unsigned entries will not be accepted.

EXPO LOCATION:
Lincoln Financial Field
One Lincoln Financial Way
Philadelphia, PA 19148

No refunds at any time • No race-day registration

Entry Fee ...\$33 • After March 31, 2010 ...\$40 • Until race fills

(Mail-in entry not guaranteed if postmarked after March 31, 2010.)

All entries received after the race fills will be returned to sender.

Please Print

Last Name

First Name

M.I.

Address

Apt. Number or P.O. Box

City

State

ZIP Code

Sex

T-Shirt Size (pick up at EXPO): S M L XL XXL
(Size is not guaranteed.)

Age on Race Day: Birth date: Month Day Year

Phone:

Anticipated finish time: Hours Minutes Seconds

(Required for corral placement)

Email address _____

(please print)



Wheelchair Participant (Push rim only)

Release:

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 also know that, although police protection will be provided, there will be traffic on the course route. I assume the risk of running in traffic. I also assume any and all other risks associated in running this event, including but not limited to falls; contact with other participants; the effects of the weather, including high heat and/or humidity; and the conditions of the roads. All such risks being known and appreciated by me knowing these facts, and in consideration of your accepting my entry fee, I hereby for myself, my heirs, executors, administrators and anyone else who might claim on my behalf, covenant not to sue and release and discharge the Commonwealth of Pennsylvania, The City of Philadelphia, their officials, and all sponsors including their employees, agents, and anyone acting for or on their behalf, and all volunteers, for any and all claims of liability for death, personal injury, or property damage of any kind or nature whatsoever arising out of, or in the course of, my participation in this event even if caused by the negligence of the releasees. This release extends to all claims of every kind or nature whatsoever. The undersigned further grants full permission to the Philadelphia Recreation Department and the Philadelphia Daily News and/or agents authorized by them to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any other purpose. NOTICE TO RUNNERS REGARDING DRUG TESTING: Athletes who participate in this competition may be subject to drug testing in accordance with the IAAF Procedural Guidelines for Doping Control or the Olympic Movement Anti-Doping Code. Drug testing, and the adjudication of positive findings, will be carried out by the United States Anti-Doping Agency (USADA). Athletes found to have committed a doping violation will be disciplined according to the USADA Protocol and suspended, if appropriate, according to applicable IAAF rules. Such penalties may result in a period of ineligibility as well as disqualification from the event. Any substance taken by an athlete is at his/her own risk and may result in a positive sample. (This includes cold medicines, nutritional supplements, and some over the counter medicines.) Information on drugs and drug testing may be obtained by calling the USADA Drug Reference Hotline at 1-800-233-0393 or visiting the USADA website at www.usantidoping.org.

Applications for minors will only be accepted with a parent's signature.

THE RACE DIRECTOR RESERVES THE RIGHT TO REJECT ANY ENTRY.

EMERGENCY CONTACT INFORMATION

Name: _____

Phone: _____

ENTRY FEE:\$ _____

SPECIAL OFFER: Number & timing device
pick-up at start area on race day. Add \$20.....\$ _____

Donation to the American Cancer Society\$ _____

TOTAL ENCLOSED:\$ _____

Are you a current Independence Blue Cross member? Yes No
(including Personal Choice and Keystone Health Plan East)

If yes, please indicate which plan: _____

Signature _____

Date _____

Signature of Parent (if younger than 18 years of age) _____