



Andrews Federal Credit Union Freedom Run Registration Form

Lucius D. Clay Kaserne
Wiesbaden, Germany
Clay Kaserne Fitness Center | Bldg. 1631
DSN: (314) 548-9830 | CIV: 0611-143-548-9830

Event Date: 03 May 2025

10 mile Run starts: 0900
1st ,2nd, and 3rd place medals for each category
Children’s half mile run starts: 0915
5km fun run starts: 0930

10-mile Registration Fee: \$10.00 from Mar. 24-May 1 at 1600
Late Registration Fee: \$20 from May 1-May 3 at 0600
No registration fee for children & 5km run

Men’s and Women’s Categories: Circle your Category

- | | |
|------------------------|------------------------|
| A- : 18-24 years | J- : 18-24 years |
| B- : 25-29 years | K- : 25-29 years |
| C- : 30-34 years | L- : 30-34 years |
| D- : 35-39 years | M- : 35-39 years |
| E- : 40-44 years | N- : 40-44 years |
| F- : 45-49 years | O- : 45-49 years |
| G- : 50-54 years | P- : 50-54 years |
| H- : 55 + years | Q- : 55 + years |
| I- : youth 15-17 years | R- : youth 15-17 years |
| Men’s _____ | Women’s _____ |

Bib No.: _____

Last Name: _____ **First Name:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Gender: _____ **Birth Date:** _____ **AGE:** _____ **T-Shirt Size:** _____

Team Name: _____ **Email Address:** _____

Assumption of Risk and Release from Liability Agreement:

I understand that participation in the Freedom Run is entirely voluntary and involves physical exertion and the risk of consequential injury. I realize that any sport activity involves some element of risk, which I agree to assume. I will conduct myself in a safe and prudent manner while participating in this event. Moreover, I am fully informed or otherwise aware of, and fully assume, all risks to person or property in connection with my participation in the Freedom Run (including, but not limited to damage and loss of property, bodily injuries, medical treatment and death). Parents are responsible for their children at all times.

I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS AND AGREE TO THE TERMS FOR PARTICIPATION, AS INDICATED BY MY SIGNATURE BELOW.

(Participant's Signature/Parent's Signature (for participants under 18 years old) Date

Category: _____

Photo Release Consent:

I, _____, grant permission to release photographs of myself to the United States Army Garrison Wiesbaden FMWR Marketing Department and Public Affairs Office for their use in any media outlet under the control of USAG Wiesbaden, to include AFN. I understand that all photographs of me are taken for educational purposes, program promotion and community growth. I waive the right to inspect or approve the finished product.

I also understand that pictures of me will not be used in ways that are harmful or detrimental to United States Army or to any element of USAG Wiesbaden.

Participant/Guardian Signature