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AND



MAIL FORM TO:

**Fleet Feet Sports
1003-B Farmington Ave
West Hartford, CT 06107**

ENTRY FEES:

**\$25 through September 15, 2013
\$30 on or after September 16, 2013
Make Checks Payable to Fleet Feet Sports**

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

Parent/Guardian Name if Under 18 Years Old: _____

Gender: M F **Date of Birth:** _____ **Age:** _____

Medical Conditions or Allergies: _____

City, State: _____

Email: _____ **T-Shirt Size:** XS S M L XL XXL XXXL

Emergency Contact: _____ **Phone:** _____

WAIVER AGREEMENT:

PLEASE READ THIS "WAIVER AGREEMENT" CAREFULLY BEFORE SIGNING AS IT WILL AFFECT YOUR LEGAL RIGHTS AND WILL LIMIT OR ELIMINATE YOUR ABILITY TO BRING A FUTURE LAWSUIT.

I know that running/walking 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 hereby certify that I am in good health and I have trained to run/walk the distance of the race, which I am entering. I know that running/walking could be a hazardous activity and that the participant should not run unless they are medically able and properly trained. I assume all risks for participant associated with running/walking, including but not limited to falls, contact with other participants, the effects of the weather, traffic and conditions of the road and trails, all such risks being known and appreciated by me.

Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, hereby waive and release Fleet Feet Sports, Simsbury High School, the town of Simsbury, Stratton Brook Park and all sponsors, volunteers and providers of services to the race, their representatives and successors from all claims or liabilities of any kind arising out of my (or entrant's) participation in this event even though the claim or liability may arise out of negligence or carelessness on the part of any person named in this waiver. I further authorize and empower the race director, if after a reasonable attempt has been made to reach a parent, guardian, or emergency contact to obtain consent, or if sound medical practice decrees that there is not time to make such an attempt, to consent to and authorize any medical care or treatment for the Participant than may appear reasonably necessary as a result of emergency, accident, or illness of the Participant whether occurring before, during, or after the event. I assume full responsibility for the cost of any treatment given.

Further, I grant full permission to the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose, including commercial advertising without monetary payment to me.

Participant's Printed Name: _____ **Date:** _____

Participant's Signature: _____

Parent/Guardian name/signature needed if participant is less than 18 years of age