

WINTER WONDERLAND

JANUARY 26TH @ 9:30AM

Platt Regional Tech School 600 Orange Ave, Milford CT

Are you ready for a great race in 2020? A great run with a great price and some great sponsors!

First 50 registered runners will receive a hat. All pre-registered runners will receive a bag and a tumbler. Hot soup, freshly baked cookies, fresh bread, yogurt, fruit and more! Lots of parking, indoor bathrooms & changing areas. Awards: Overall M & F - 10 year age groups 3 Deep through 80+ All abilities of runners and walkers are welcome

Quantities of hats, bags, and tumblers will be limited for race day registrants.

Contact Us: MilfordRoadRunners@gmail.com Visit Us: www.MilfordRR.com

Winter Wonderland 5 Mile Road Race

Fee \$20 payable cash check (circle)

First Name _____ Last Name _____

Street Address _____ City _____

State _____ Zip Code _____ Country _____

Email _____ Phone (____) _____ - _____

*DOB ____/____/____ *Gender M F *age and gender are used for division calculations

Emergency Contact _____ Phone (____) _____ - _____

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the Event Director, RunSignup.com, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typically found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver.

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

Signature _____ Date ____/____/____

Signature of Guardian if under 18 _____

Initial payment received

Initial registration processed

Make checks payable to "Milford Road Runners" - Mail check/cash with completed form to:

Milford Road Runners WW Race

P.O. Box 57 Milford CT 06460