

Rotary Club of Chester

Advance Registration Form



www.chesterrotary.org

Date: Thursday, July 04, 2019 **9:00 AM** Chester, CT

Race Day Registration: 7am to 8:30am at St. Joseph's Parish Center, Route 154.

Fees: \$20 by June 20; \$25 thereafter. Advance registration closing date Tuesday, July 02, 2011

Additional Information:

Chip timing
USATF Sanctioned 4 mile scenic course
Water stops every mile
Awards to 1st, 2nd, and 3rd place female and male runners in all divisions
Music
Sorry, no pets in the race

Team Awards:

Largest Team
Fastest Team (top 5 finishers)
Best Team Spirit
Team Photos

Last name _____ First Name _____

Sex: M W Age: _____

Street _____

City/State _____ Zip _____

E-Mail address _____

Tee-shirt size: small med large XL (circle one)

Team members please fill out: (Team registration must be completed by June 24)

Team Name _____

Team Captain's Name _____

WAIVER: In consideration of the acceptance of this entry into the road race, I the undersigned intending to be legally bound to hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the race director and officials, Town Officials, Chester Rotary, Town of Chester, any and all race sponsors and supporters, volunteers, their agents, successors, and assigns, for any injuries suffered by me (or my family members) in this event. I assume all risks with entering this event. Including but not limited to falls, contact with other participants, effects of weather, including traffic and the condition of the race course. All such risks being known and appreciated by me. I attest and verify that I (and family members) are physically fit and sufficiently trained for the completion of this event and my (our) physical condition has been verified by a licensed medical doctor within the last six months. I know that pets, bicycles, roller skates and skateboards are not allowed on the course. Further, I hereby grant full permission to any and all the foregoing to use my photographs, videotapes, motion pictures, recordings and any other record of this event for any legitimate purposes without compensation or remuneration.

Signature (parent/guardian must sign for minors) _____

Instructions:

- Please fill out this form neatly and completely and sign the waiver
- Team member names and age on the back
- Mail completed form and a check payable for \$20 (no cash please) by June 20th to:
Chester Rotary Club, P.O.Box 111, Chester, CT 06412

TEAM NAMES

NAME	AGE