

Chester Rotary Club's Annual Four on the Fourth Road Race



RACE DAY REGISTRATION FORM

Bib Number		Age (on day of race)	Sex M ____ F ____
Last Name	First Name	Middle Initial	
Address	City, State	ZIP Code	
Email:	Tee Shirt Size		S ____ M ____ L ____ XL ____

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