Rotary Club of Chester

Mail In Registration Form

www.chesterrotary.org

Date. Worlday, July 5, 2021 9.00 AM Chester, Connecti	icut	
Race Day Registration: Not this year.		
Fees: \$20 by June 1st; \$25 thereafter. Mail in registra	tions must be rec	ceived by Saturday, May 29, 2021
Additional Information: Chip timing USATF Sanctioned 4 mile scenic course Awards to 1st, 2nd, and 3rd place female and male runners ir Sorry, no pets in the race	n all divisions	Team Awards: Largest Team Fastest Team (top 5 finishers) Best Team Spirit Team Photos
Last name	First Name	
Sex: <u>M</u> <u>W</u>	Age:	
Street		
City/State		Zip
E-Mail address	-	
Tee-shirt size: <u>small</u> <u>med</u> <u>large</u> <u>XL</u> (d	circle one)	
Team members please fill out: (Team registration r	nust be completed	by June 24)
Team Name		
	phone:	
WAIVER: I know that running or walking a road race, whether in person or as a virtual at acknowledge that I am participating in the activity for which I am registering of my own free value and properly trained, and by my signature, I certify that I am medically able to perform tecision of a race official relative to any aspect of my participation in this event, including the attest that I have read the rules of the race and agree to abide by them. I assume all risks contact with other participants or pedestrians, volunteers, race personnel, contract service prommunicable disease resulting from contact with other participants, volunteers, race person cluding: the effects of the weather; high heat and/or humidity; freezing cold temperatures; or Disease Control's (CDC) recommendations for the prevention of the spread of the 2019 attest to having read the CDC's guidance at: https://www.cdc.gov/coronavirus/2019-ncov/pracepted by me. Having read this waiver and knowing these facts and in consideration of your accepting my voltary Club of Chester, Super Race Systems, all event sponsors, their representatives and suevent, even though that liability may arise out of negligence or carelessness on the part of the participating in this event. I acknowledge that such exposure or infection may result in persone personed to or infected by COVID-19 in connection with my participation in this event for any legitimate purp cancellation, and by signing this waiver, I consent that I am not entitled to a refund if the event cancellation, and by signing this waiver, I consent that I am not entitled to a refund if the event cancellation, and by signing this waiver, I consent that I am not entitled to a refund if the event cancel at the care of the care of the care of the care.	will and at my own personal this event, and am in good he right of any official to deny associated with running in the providers, employees, and synel, contract service provider traffic and the conditions of the Novel Coronavirus Disease epare/prevention.html. I assentry, I, for myself and anyouccessors, from all claims or ne persons named in this water was a considerable to remain the synery of the personal injury, illness, permaner ent and personally assume the spart of the event, personal toose. I understand that this is	risk. I will not enter and participate unless I am medical lealth, and I am properly trained. I agree to abide by any or suspend my participation for any reason whatsoevei his event, including but not limited to: falls, physical sectators, including the potential for the contraction of a lers, employees, and spectators. I assume all risks the road or terrain. I further agree to abide by the Centric (COVID-19) and other communicable diseases, and I urne all such risks being known, appreciated, and ne entitled to act on my behalf, waive and release The liabilities of any kind arising out of my participation in thiver. In addition, I acknowledge the contagious nature OVID-19 and/or other communicable diseases by it disability, and/or death. I understand that the risk of this risk. data provided during registration and post-event event does not provide for refunds in the event of a
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Instructions:-Please fill out this form neatly and completely	y and sign the wai	wer .

-Mail completed form and a check payable for \$20 (no cash please) to: Chester Rotary Club, P.O. Box 111, Chester, CT 06412