

Rotary Club of Chester

Mail In Registration Form – 2024

Mail in registrations must be received before Tuesday, June 4, 2024

www.chesterrotary.org

Date: Thursday, July 4, 2024 9:00 AM Chester, Connecticut

Early Registration Fees: Before June 4th 16 years old on race day and older \$25; 15 years old and younger on race day \$15 through race day. On line and Mail in before June 4th.

Registration Fees: 16 years old on race day and older \$30 on June 4th through July 3rd; 15 years old and younger on race day \$15 through race day. On line only.

Race Day Registration Fees: 16 years old on race day and older \$40. On line only.

Additional Information:

Chip timing

USATF Sanctioned 4 mile scenic course

Awards to 1st, 2nd, and 3rd place female and male runners in all divisions

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 F Date of Birth _____

Street _____

City/State _____ Zip _____

E-Mail address _____

Tee-shirt size: Youth Med Large

Adult Small Med Large XL 2XL (circle one)

Team members please fill out: (Team registration must be completed before June 4)

Team Name _____

Team Captain's Name _____ Phone: _____

WAIVER: I know that running or walking a road race, whether in person or as a virtual activity, is a potentially hazardous activity which could result in injury or death. I acknowledge that I am participating in the activity for which I am registering of my own free will and at my own personal risk. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running in this event, including but not limited to: falls, physical contact with other participants or pedestrians, volunteers, race personnel, contract service providers, employees, and spectators, including the potential for the contraction of a communicable disease resulting from contact with other participants, volunteers, race personnel, contract service providers, employees, and spectators. I assume all risks including: the effects of the weather; high heat and/or humidity; freezing cold temperatures; traffic and the conditions of the road or terrain. I further agree to abide by the Center for Disease Control's (CDC) recommendations for the prevention of the spread of the 2019 Novel Coronavirus Disease (COVID-19) and other communicable diseases, and I attest to having read the CDC's guidance at: <https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>. I assume all such risks being known, appreciated, and accepted 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, waive and release The Rotary Club of Chester, Super Race Systems, all event sponsors, their representatives and successors, from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. In addition, I acknowledge the contagious nature of COVID-19 and other communicable diseases and voluntarily assume the risk that I may be exposed to or infected by COVID-19 and/or other communicable diseases by participating in this event. I acknowledge that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 in connection with my participation in this event and personally assume this risk.

I grant permission to all of the foregoing to use my photographs which I may share online as part of the event, personal data provided during registration and post-event reporting, video or audio recordings, or any other record of this event for any legitimate purpose. I understand that this event does not provide for refunds in the event of a cancellation, and by signing this waiver, I consent that I am not entitled to a refund if the event is cancelled before or during the event.

Signature (parent/guardian must sign for minors) _____

Instructions:-Please fill out this form neatly and completely and sign the waiver - Mail completed form and a check payable for \$25 for runners 16 years old or older on race day or \$15 for runners 15 years old or younger on race day (no cash please) to: Chester Rotary Club, P.O. Box 111, Chester, CT 06412