Champlain Classic 2010 Registration Form

Name:_____

Address:_____

City:_____ **State:**_____**Zip Code:**_____

Phone: (_____) _____ **E-Mail (opt.) :** _____

Race (must select one): **Sex:** M F

5K 15K Kids 1K **Age:** _____ (Race Day) **D.O.B**._____

T-Shirt size (circle one)

ADULT S M L XL

KIDS S M L

Make Check payable to : ***Shelburne Parks and Recreation***

Enclose in the amount of :

5K and 15K Races	**Kids 1K Race – Registration is FREE**
$15 (before April 16) $20 (after April 16 or Race Day)	$10 Kids **for T-shirt** (please order before April 16)

Mail to: **Shelburne Parks & Recreation**
P.O. Box 88
Shelburne , VT 05482

Athlete Waiver and Release of Liability

I know that running in a road race is a potentially hazardous activity, and that I should not run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely compete in this event, including, but not limited to : falls, contact with other participants, the effects of either , high heat and/or humidity, traffic, and the conditions of the road and course, all these risks being known and appreciated by me. I have read this waiver and knowing these facts, and in consideration of being permitted to participate in the Champlain Classic Event, I, for myself and for anyone entitled to act on my behalf, waive and release the Town of Shelburne, its administrators, directors, agents, coaches, employees, volunteers, and other participants, and owners and lessors of premises used to conduct this event, from all claims or liabilities of any kind arising out of my participation in the event, even though that liability may arise out of the negligence or carelessness on the part of the persons named in the waiver. I consent to allow my picture or likeness to appear in any official documentary, sponsor advertisement or television coverage of the Champlain Classic Event for any legitimate purpose.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE , UNDERSTANDING THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND DO SO SIGN IT VOLUNTARILY.

_____ _____

(participant signature) (date)

_____

(guardian-if minor)

OFFICE USE ONLY

Amt. Pd._____ Check # :_____

Date : _____