



Champlain Classic 2009 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 - FREE
\$15 (before April 22)	\$10 Kids for T-shirt (please order
\$20 (after April 22 or Race Day)	before April 22)

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)

<i>OFFICE USE ONLY</i>	
Amt. Pd. _____	Check # : _____
Date : _____	