

Tag Number: _____ Conf. sent: _____ WS entry: _____
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2015 Caspian Challenge Registration Form

Name: _____

Mailing Address: _____ **Town:** _____ **State:** _____ **ZIP** _____

E-mail: _____

(We will send your confirmation by e-mail.)

Emergency Contact Name/Phone: _____

Age on Race Day: _____ **Gender:** _____

Please check one: _____ Kids Run _____ Lake Loop _____ 5k Walk _____ 5K Run

Registration Fees Pre-register by July 5: \$15.00, includes T-shirt Register after July 5 or on race day: \$15.00 No registration fee for children under age 13.

Please make checks payable to **Greensboro Association** and include "Caspian Challenge" in the memo line.

*If you would like to make a donation to the Greensboro Association in addition to the run fee, please know that it will be used to support the Lakeview Union School.
Thank you for your support of our community!*

Send payment with completed registration to:

Caspian Challenge
c/o Victoria Von Hessert
PO Box 40
Greensboro, VT 05841

T-shirt size: (Youth S or M, Adult S, M, L, XL) _____

WAIVER OF LIABILITY: I know that running a road race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I assume all risks associated with participating in this event, including but not limited to falls, road conditions, contact with other participants, and effects of the weather, including heat and humidity. I understand that bicycles, skateboards, baby joggers, roller skates or roller blades, animals, and personal music players are not allowed in the race and I will abide by all race rules. In consideration of accepting this entry, I, the undersigned, for myself, my heirs, executors and administrators waive and release any and all claims for damages, actions and causes against the Greensboro Association, its officers and membership, all sponsors, their representatives and successors, the town of Greensboro and its officers and employees, the officers and employees of the Hardwick Police Department, and any individual or group associated with this event from all claims and liabilities resulting in my participation.

Signature: _____ Date: _____

(Parent or guardian must sign if participant under the age of 17)