

St. James 8th Annual Bazaar
5K Road Race
August 6th, 2016
8:30a.m. @ St. James School

OFFICIAL USE BIB #

Pre-Registration: \$20.00 T-shirt included to first 75 registered & post marked by July 29th

Any students K-8th grade: \$15

Registration Fee Day of Race for any participant: \$25.00

Registration will take place from 7:30-8:15 a.m. in the school parking lot

Race is open to runners, walkers and teams!!

Register a team of 5 or more people registration is only \$15 each!

The race course will be a 3.4 mile route in Danielson.

For more information e-mail: stjamesbazaar5k@gmail.com

For online registration www.thelastmileracing.com or www.5k.stjamesdanielson.org

****Mail application and non-refundable check to: St. James School 120 Water Street Danielson, CT 06239**

Name (Last/First):		Age:	Sex: M F
Street Address:		City:	State: Zip:
Phone #:	<input type="checkbox"/> I am a runner <input type="checkbox"/> I am a walker <input type="checkbox"/> I am part of a team		
T-shirt size: (S, M, L, XL, XXL)	Team Name: _____		
E-Mail:			

RELEASE

I know that running a road race is a potentially hazardous activity. By my signature below, I represent that I am medically able and properly trained. I know that although there will be police protection, there will also be traffic on the course. I assume all risk associated with my running this event, including, but not limited to: falls, contact with other participants (race officials or bystanders), the effects of the weather, including high heat or humidity, traffic and road condition, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I, for myself and anyone acting on my behalf, waive and release the race directors, The Last Mile Racing, the Town of Killingly, all sponsors, volunteers, medical personnel and anyone acting on their behalf, 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. Additionally, I grant permission to the Race Director to use or authorize the use of any photo, motion picture or video recordings of this event for any legitimate purpose. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident or illness, prior, during or after the race resulting from my participation in the event. This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

(Signature of Participant, Parent/Guardian if under 18)