

New!

Restaurant Relay Race

Saturday, March 13, 2010

Entry Form



Restaurant _____

Restaurant Address: _____

Restaurant Phone: _____

Race Waiver Must be read and signed by each team member

I desire to enter and participate in the restaurant relay (the race) organized by the Hartford Marathon Foundation, Inc. I know that running is a potentially hazardous activity. I should not enter and 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 complete the race. I hereby certify that I am in good health and I have trained to run the distance of the race which I am entering. I assume all risks associated with running in this race including but not limited to: falls, contact with other participants, the effects of weather, including high heat and/or humidity, traffic and the conditions of the road, 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 into this race, I, for myself and anyone entitled to act on my behalf, waive and release the Hartford Marathon Foundation, Inc., its officers, directors, agents, volunteers and employees, the Town of East Lyme, all sponsors, their representatives and successors, from all claims or liabilities of any kind arising out of my participation in this race even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. I understand that bicycles, skateboards, baby joggers, roller skates or inline skates, animals, and radio headsets are not allowed in the race and I will abide by this guideline.

1. _____
Signature/ Date **Team Captain (all correspondence will be emailed to captain)**

Last Name _____ First Name _____

Email _____

2. _____
Signature/ Date

Last Name _____ First Name _____

3. _____
Signature/ Date

Last Name _____ First Name _____

4. _____
Signature/ Date

Last Name _____ First Name _____

Entry Fee: \$25 per team. Include fee with registration form. Make checks payable to Hartford Marathon Foundation.
Mail registration and entry fee to: Hartford Marathon Foundation, 41 Sequin Drive, Glastonbury, CT 06033

Phone: 860-652-8866 email: info@hartfordmarathon.com
Online registration, course map, race details at www.hartfordmarathon.com