

The Clarks Trail Run (2019)

Presented by College Planning Partnerships, soundRUNNER, & CT Sports & Fitness
August 10, 2019

	Before August 11	Race Day
(15k-ish, 4mile-ish)	\$25	\$35

Race Option: _____ 15K (ish) _____ 4 Mile (ish)

Shirt Size (unisex tech-fit): ___XS ___S ___M ___L ___XL ___XXL

Checks Payable To: Old Saybrook Parks and Recreation
308 Main St, Old Saybrook, CT 06475

Last Name _____

First Name _____

Address _____

City _____ State _____ Zip _____

Male _____ Female _____ Date of Birth: ___/___/_____

Email _____

Emergency Contact _____ E.C. Phone _____

Do you have any medical information that we should be aware of _____

Waiver: I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all the risks inherent in trail running (training and competition), including possible permanent disability or death, and agree to assume all those risks. AS A CONDITION OF MY PARTICIPATION IN THE CLARKS TRAIL RUN, I HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSS OR DAMAGES, INCLUDING ALL CLAIMS FOR LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING: OLD SAYBROOK PARKS AND RECREATION, COLLEGE PLANNING PARTNERSHIPS, SOUND RUNNER, HOST FACILITIES, EVENT SPONSORS, EVENT COMMITTEES, TOWN OF OLD SAYBROOK, OR ANY INDIVIDUALS OFFICIATING AT THE EVENTS OR SUPERVISING SUCH ACTIVITIES. In addition, I also agree to abide by and be governed by the rules of the Clarks Trail Run. Finally, I specifically acknowledge that I am aware of all the risks inherent in trail running and agree to assume those risks.

Signature _____ Date: _____

Parent must sign if competitor under 18.

Mail registration to: Old Saybrook Parks and Recreation
308 Main St, Old Saybrook, CT 06475