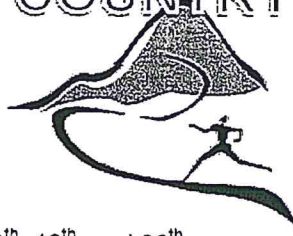


LISBON RECREATION FALL CROSS COUNTRY FUN RUN SERIES



When: Sunday, October 5th, 12th, 19th, and 26th
Where: Lisbon Meadows Park Pavilion, Route 169, Lisbon
Time: Registration begins at 10:00am
Kids .5 and 1 mile trail run - 10:15 am start
Adults 3.1 mile trail run - 10:30 start
Awards: Participation ribbons to all finishers and medals for top 3 point scorers in the series in each age division

THIS EVENT IS FREE AND PRE-REGISTRATION IS NOT REQUIRED.

SPONSORED BY THE LISBON RECREATION COMMITTEE

For further information contact Chad Johnson at: (860) 617-1144 or email runninboy@comcast.net

Name: _____ Age: _____ Gender: _____
Street Address: _____
Town/City: _____ State: _____ Zip Code: _____ Phone: _____
Emergency Contact and Phone #: _____

WAIVER OF LIABILITY

I know that participating in a strenuous athletic event of this type is a hazardous activity. I certify that I have no physical, medical, nor mental condition which would interfere with my participation in the Lisbon Recreation Cross Country Trail Fun Run and that I have trained adequately for this off road trail race. I fully understand that I, or the person I am responsible for, will be subjected to harsh environmental conditions, including but not limited to, extreme temperatures, unpredictable weather conditions, hiking trails, unimproved trails, uneven terrain, rocks, cliffs, roots, trees, stream crossings, wild animals, limited access to immediate medical assistance, as well as any other conditions that man or mother nature may provide. I understand that there is a risk of sustaining serious bodily injury, permanent disability, or even death that might result not only from my own action, inaction, or negligence but the actions, inactions, or negligence of others, the rules of the race, or the conditions of the premises. Further, I acknowledge there may be other risks not known nor reasonably foreseeable at this time. I assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability, or death. Knowing these facts and in consideration of the acceptance of my Event entry, I or the person I am responsible for, and my/his/her assigns hereby waive, covenant not to sue, indemnify RELEASE AND DISCHARGE the Town of Lisbon, its race director(s), organizers, event staff, volunteers, sponsors, and property owners and their officers, directors, employees, agents, other participants, and any other persons or organizations involved in this event from and against any and all claims, liabilities, losses, damages, costs, and expenses arising from or in any way related to my participation in this event or the participation of the person I am responsible for. I certify that I, or the person that I am responsible for, is of sound body and mind and truly capable of participating in this event. I agree to comply with the rules concerning this Event and agree to go only in those areas authorized by the Event organizers. I understand that, in addition to the above, I, or the person I am responsible for, will be responsible for any cost of emergency service that is required during this event.

Date: _____ Print Name: _____ Signature: _____
If under 18, parent or legal guardian must sign here: Signature: _____