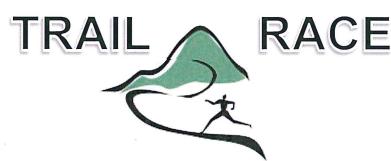
LISBON MEADOWS 5K



When:

Sunday, October 28th, 2018

Where:

Lisbon Meadows Park Pavilion, 39 S. Burnham Hwy, Lisbon, CT

Time:

Registration begins at 9:30am

FREE! - Kids .5 and 1 mile trail race - 10:30am start

Adults 3.1 mile trail race – 11:0am start

Awards:

Participation ribbons to all youth finishers

Medals to top 3 male and female finishers in the following age categories:

19U, 20-29, 30-39, 40-40, 50-59, 60+

Special prize to the top overall male and female finishers

\$10 RACE FEE PAYABLE AT THE EVENT - PRE-REGISTRATION IS NOT REQUIRED.







A SANCTIONED USATF CROSS COUNTRY CONNECTICUT GRAND PRIX EVENT

For information contact Chad John	son at: (860)) 617-1144 or email	runninboy@ c	omcast.net
Name: Street Address:			_Age:	Gender:
Town/City: Emergency Contact and Phone #:		Zip Code:	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 Meadows 5K Trail Race 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 forgoing 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 any cost of emergency service that is required during this event.

Date:	Print Name:	Signature:	
If under 18, p	parent or legal guardian must sign he	ere: Signature:	