

Rancourt's Run for Special Olympics
5K Run/Walk
June 21, 2014

Bib # _____

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Event (Circle One) 5K Run 5K Walk

Gender: Male Female

Age on Race Day: _____

T-Shirt Size: S M L XL

Email: _____

Race Waiver

I know that running/walking in a road race is a potentially hazardous activity. I should not enter and run/walk/ride 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 run/walk. I assume all risks associated with running/walking in the Rancourt's Run 5K, including but not limited to falls, contacts with other participants, the effects of the weather including high heat and/or humidity, low temperature, traffic, conditions of the road, conditions of the trail, and all risks being known and appreciated by me.

Having read this release and knowing these facts and in consideration of your accepting my entry, I for myself and anyone entitled to act on my behalf or on behalf of my estate, waive and release all associated with the Rancourt's Run, Walk Androscoggin Sherriff's Department, Special Olympics, and BACK40 RACE TIMING AND EVENT SERVICES and all sponsors of the race, any other persons assisting with the race, the officers, Board members, agents, servants, employees, and their successors and assigns of each and every of the above from all claims or liabilities of any kind arising out of my participation in the run/walk even though the liability may arise out of negligence or carelessness on the part of the persons referred to in this waiver.

I also grant permission for the use of any photographs, motion pictures, recordings or any other record of my participation in this event for any legitimate purpose. I understand that if the race is canceled because of circumstances beyond the control of the race committee and sponsors, including, but not limited to unsafe weather conditions or governmental ban, my entry fee will not be refunded. NO REFUNDS.

Participant Signature: _____

Guardian (if under 18): _____

Mail to:

Androscoggin County Special Olympics

40 Pleasant St.

Auburn, maine 04210

