

Race Date:

Prostate Cancer Run

Saturday August 28 2004

| Start Time: | 08:00AM (Registration 07:15AM) |
|--|---|
| Location: | Mendenhall River School |
| Race Contact: | Peggy Ann McConnochie |
| | 789-2181 |
| join JTRR https://southeastroadrunners.org/ | results online: https://jtrr.org/event/2004/race/663 |
| Course Description: | |
| John and Peggy Ann McConnochie (907) 789-2181, e see the companion event above for women. | e-mail: jpm@gci.net. A popular men's race for a great cause; |
| Distance □ 5k (5 km) □ volunteer - \$0 | FORM ENTRY FEES Kids 18 & Under - \$0 Adults Day of Race - \$0 |
| Last Name | First Name |
| GENDER CIRCLE ONE (Male Female Non-Binary) | Age on 7/1/2004 |
| email | |
| MAILING ADDRESS | |
| STREET OR BOX | |
| СПУ | PHONE |
| STATE | ZIP |
| trained, and by my signature, I certify that I am medically able to perform this event, am in go participation in this event, including the right of any official to deny or suspend my participation all risks associated with running or volunteering in this event, including but not limited to: volunteers, race personnel, contract service providers, employees, and spectators. I assume the conditions of the road and/or trail including surrounding terrain. I understand that bicycl and I will abide by all race rules. If allowed by the Race Director, and if I am pushing a bat jogger or stroller. Hawing read this waiver and knowing these facts and inconsideration of y and Road Runners, the United States Forest Service, the state of Alaska, the City and successors from all claims or liabilities of any kind arising out of my participation in this even this waiver. In addition, I acknowledge the contagious nature of communicable diseases at this event. I acknowledge that such exposure or infection may result in personal injury illnes | activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly defeath, and am properly trained. I agree to abide by any decision of a race official relative to any aspect of my on for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume falls, physical contact with and/or the potential contraction of a communicable disease from other participants, all risks including: the effects of the weather; high heat and/or humidity, freezing cold temperatures; traffic and es, skateboards, roller skates or inline skates, animals, and personal music players are not allowed in the race, by jogger or stroller, I also accept the responsibility for injury up to death of the child being transported in the our accepting my entry I, for myself and anyone entitled to act on my behalf, waive and release the Juneau Trail Borough of Juneau, and the Road Runners Club of America, all event sponsors, their representatives and ent, even though that liability may arise out of negligence or carelessness on the part of the persons named in discountarily assume the risk that I may be exposed to or infected by communicable diseases by participating in its, permanent disability and/or death. I grant permission to all of the foregoing to use my photographs, motion and that this event does not provide for refunds in the event of a cancellation, and by signing this waiver, I consent |
| | BIB NUMBER: |
| SIGNATURE | (for race officials only) |
| SIGNATURE of parent or quardian if und | er 18 DATE |
| C.C C.C. C. paronton guardian in uniu | |