

# **PolioPlus Fun Run**

Race Date:			
Start Time:			
Location:			
Race Contact:			

Saturday October 21 2017 10:00AM (Registration 09:15AM) To be announced Stephen Beedle

sbeedle@nsales.com results online: https://jtrr.org/event/2017/race/478

## join JTRR https://southeastroadrunners.org/

#### **Course Description:**

Saturday, October 21 at 10:00am. Registration will begin at 9:30am. The event will be a 5K or 1 Mile run/walk. The plan is to start the race at Riverbend Elementary again. \$10 for Students, and \$20 for adults. All proceeds raised go to the Rotary Foundations effort to end polio.

<u>Distance</u> □1 mile (1 miles) □5k (5 km) □volunteer - \$0	ENTRY	FORM	ENTRY FEES Kids 18 & Under - \$10 Adults Day of Race - \$20
Last Name		First Name	
GENDER CIRCLE ONE (Male	Female Non-Binary)		
email		JTRR MEMBER: (YE	S NO) (if yes, skip phone,address)
MAILING ADDRESS			
STREET OR BOX			
СПТҮ		PHONE	
STATE		ZIP	
trained, and by my signature, I certify that I am medic participation in this event, including the right of any of all risks associated with running or volunteering in	ally able to perform this event, am in good fficial to deny or suspend my participation this event, including but not limited to fall:	health, and am properly trained. I agree to for any reason whatsoever. I attest that I ha s, physical contact with and/or the potentia	I not enter and participate unless I am medically able and properly abide by any decision of a race official relative to any aspect of my ve read the rules of the race and agree to abide by them. I assume al contraction of a communicable disease from other participants, bide bed reader by midite foreging and togeneratives traffic and

participation in this event, including the right of any official to bery of suspend hy participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abloe by them. Tassume all risks associated with running or volunteering in this event, including but not limited to falls, physical contact with and/or the potential contraction of a communicable disease from other participants, volunteers, race personnel, contract service providers, employees, and spectators. I assume all risks including: the effects of the weather; high heat and/or humidity, freezing cold temperatures; traffic and the conditions of the road and/or trail including surrounding terrain. I understand that bicycles, skateboards, roller skates or inline skates, animals, and personal music players are not allowed in the race, and I will abide by all race rules. If allowed by the Race Director, and if I am pushing a baby jogger or stroller. I also accept the responsibility for injury up to death of the cild being transported in the jogger or stroller. Having read this waiver and howing these facts and inconsideration of your accepting my entry I, for myself and anyone entitled to act on my behalf, waive and release the Juneau Trail and Road Runners, the United States Forest Service, the state of Alaska, the Cily and Borough of Juneau, and the Road Runners Club of America, all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, event though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. In addition, I acknowledge the contagious nature of communicable diseases and voluntarily assume the risk that I may be exposed to or infected by communicable diseases by participating in this sevent. I acknowledge that such exposure or infection may result in personal injury illness, permanent disability and/or death. I grant permission to all of the foregoing to use my photographs,

### SIGNATURE \_

#### **BIB NUMBER:**

(for race officials only)

SIGNATURE of parent or guardian if under 18 DATE\_\_\_\_\_