

Race Date:

Start Time:

McDowell Group Governors Cup



Juneau Trail and Road Runners is an affiliate member of the Road Runners Club of America.

09:00AM (Registration 08:15AM)

Saturday July 12 2014

| _ocation: | 5K - Dimond on Hospital D | | Juneau Bone and Joint Center |
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| Race Contact: | Myron Davis | | |
| | 9073211988 | | |
| | myrond@gm | ail.com | |
| oin JTRR | results online: https://jtrr.org/event/2014/race/132 | | |
| https://southeastroadrunners.org/ | | 3 | |
| Course Description: | in Ctreet and 1 N | All E et El/ Einigh (Novt | to Juneau Bana and Jaint Contar an |
| 5K - Dimond Courthouse, 4th and Ma Hospital Drive) | in Street and 1 M | TILE - at 5K FINISH (Next | to Juneau Bone and Joint Center on |
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| | | | |
| <u>Distance</u> | NITOV | | |
| □5k (5 km) □ | NTRY | FURIVI | ENTRY FEES |
| □1 mile (1 miles) | | | Kids 18 & Under - \$1 |
| □volunteer - \$0 | | RED BY | Adults Day of Race - \$10 |
| June | au Trail and | Road Runners | |
| _ast Name | | First Name | |
| GENDER CIRCLE ONE (Male Female | | | · |
| email | | JTRR MEMBER: (YE | ES NO) (if yes, skip phone,address) |
| MAILING ADDRESS | | | |
| STREET OR BOX | | | |
| СПҮ | | PHONE | |
| STATE | | ZIP | |
| ained, and by my signature, I certify that I am medically able to p articipation in this event, including the right of any official to den Il riska associated with running or volunteering in this event, in olunteers, race personnel, contract service providers, employees he conditions of the road and/or trail including surrounding terra nd I will abide by all race rules. If allowed by the Race Director ogger or stroller. Having read this waiver and knowing these fac nd Road Runners, the United States Forest Service, the statucessors from all claims or liabilities of any kind arising out of his waiver. In addition, I acknowledge the contagious nature of consist event. I acknowledge that such exposure or infection may res | nerform this event, am in good yor suspend my participation cluding but not limited to: fall s, and spectators. I assume al sin. I understand that bicycles, r, and if I am pushing a baby cts and inconsideration of you e of Alaska, the City and Bo f my participation in this event communicable diseases and w util tin personal injury illness, mate purposes. I understand in | I health, and am properly trained. I agree to for any reason whatsoever. I attest that I ha Is, physical contact with and/or the potential II risks including: the effects of the weather, skateboards, roller skates or inline skates jogger or stroller, I also accept the respor accepting my entry, I, for myself and anyour ough of Juneau, and the Road Runners t, even though that liability may arise out of lountarily assume the risk that I may be expermanent disability, and/or death. I grant | Il 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 we read the rules of the race and agree to abide by them. I assume al contraction of a communicable disease from other participants, ; high heat and/or humidity, freezing cold temperatures; traffic and a, animals, and personal music players are not allowed in the race, insibility for injury up to death of the child being transported in the entitled to act on my behalf, waive and release the Juneau Trail is Club of America, all event sponsors, their representatives and regligence or carelessness on the part of the persons named in open documents of the persons of the permission to all of the foregoing to use my photographs, motion in the event of a cancellation, and by signing this waiver, I consent |
| | | BIB NUMBER | ₹: |
| SIGNATURE | | (for race officials only | y) |
| SIGNATURE of parent or gua | ardian if unde | er 18 DATE | |
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