

Waterfront Waterfront AWAREness Run



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

Race Date: Start Time: Location: Race Contact: Saturday April 07 2012 10:00AM (Registration 09:15AM) Downtown DefaultRaceDirector Unassigned

none

join JTRR https://southeastroadrunners.org/ results online: https://jtrr.org/event/2012/race/29 Course Description:

5K

□ 5k (5 km)	ENTRY FORM		ENTRY FEES Kids 18 & Under - \$1
□volunteer - \$0 Jur	SPONSOF 1 eau Trail and	RED BY Road Runners	Adults Day of Race - \$10
Last Name		_ First Name	
GENDER CIRCLE ONE (Male Fem	ale Non-Binary)	Age on 7/1/2012	
email		JTRR MEMBER: (YE	S NO) (if yes, skip phone,address)
MAILING ADDRESS			
STREET OR BOX			
СПҮ		PHONE	
STATE		ZIP	

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 child being transported in the jogger or stroller. Having read this waiver and Inowing 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 City and Borough of Juneau, and the Road Runners Club of America, all event sports 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 event. Lacknowledge 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, motion pictures, recordings or anyother record of this event for any legitimate purposes. I understand that this event does not provide for refunds in the event of a cancellation, and by signing this waiver, I consent that I am not entitled to a refund if the event is canceled before or during the event

SIGNATURE _____

BIB NUMBER:

(for race officials only)

SIGNATURE of parent or guardian if under 18 DATE