



LAST NAME

FIRST NAME

STREET ADDRESS/P.O. BOX

CITY

STATE

ZIP

E MAIL (PLEASE PRINT CLEARLY)

RACE DAY AGE \_\_\_\_\_ GENDER \_\_\_\_\_ **If you do not fill in you will not be eligible to enter race.**

**Emergency Contact:** \_\_\_\_\_ **Cell#:** \_\_\_\_\_

WAIVER: I know that running a road race is potentially a hazardous activity. I should not enter and run 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. I assume all the risks associated with running this event including, but not limited to, falls, contact with other participants, the effects of weather, traffic, and the conditions of the roads, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the race organizers, the Triple Cities Runners Club, the Chenango Forks School District, RunSignUp, all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. No running strollers, animals, or headsets/earbuds allowed during this race. **NO REFUNDS IF RACE IS CANCELLED**

**NO ONE MAY ENTER THIS EVENT WITHOUT SIGNING THIS WAIVER AND COMPLETING THE ENTRY FORM.**

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

PARENTS SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

Required if entrant under 18 years of age on Race Day

Cost: \$15 prior to 1/31/18 \$18 February 1<sup>st</sup> to February 28<sup>st</sup> \$20 March 1<sup>st</sup> to March 25<sup>th</sup>  
There is a \$2 discount for current TCRC Members

Make checks payable to: Triple Cities Runners Club  
Mail to: Harry Back, 2018 Kim Drive, Endicott, NY 13760