

# APPLICATION GUIDE

Date located where it is clear

Time and Distance - Clear

Race Name

include Fun Runs, Walks and cost of each

\$\$ Pre Race Cost - \$\$ Race Day Cost

Age Groups for awards 1-12, 12-18, 20-29, 30-39, 40-49, 50-59, 60-69, Over 69 - These are the standards. Indicate how deep, Indicate whether there will be overall winner awards and if more

Location of Start and Finish



USATRACK & FIELD  
CONNECTICUT

USATF Course Cert.



Additional information and directions: Provide email, website, phone number

Race Directors can include all kinds of other stuff on the back, directions, charity pitch, sponsor logo, past year race info, whatever- keep the front clear and useable!

This is a guide, there are other options (pamphlets, foldable mailers, etc). Be sure to include these features and sufficient space for ALL the information SNERRO needs.

**SNERRO NEEDS THE BIB NUMBER, CLEARLY WRITTEN, THAT THE RACE DIRECTOR ASSIGNS TO EACH RUNNER**

Complete the application below and mail it with a check to:

Provide an address

Or register on-line at: [http://www.\\_\\_\\_\\_\\_.com](http://www._____.com)

OFFICIAL USE

Check Box for event selection if multiple

**NAME:**

Single boxes are suggested, it encourages legibility. Include enough room

ADDRESS:

CITY:

ST:

**ZIP:**

**SEX:**

**AGE:**

DATE OF BIRTH:

PHONE:

**SNERRO NEEDS NAME, AGE, SEX AND ZIP OR RUNNERS CAN'T BE SCORED (NO AWARDS). ANYTHING ELSE IS FOR THE RACE DIRECTOR**

### SAMPLE RELEASE AND WAIVER

I know that running a road race is a potentially hazardous activity. By my signature below, I represent that I am medically able and properly trained. I know that although there will be police protection, there will also be traffic on the course. I assume all risk associated with my running this event, including, but not limited to: falls, contact with other participants (race officials or bystanders), the effects of the weather, including high heat or humidity, traffic and road condition, 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 acting on my behalf, waive and release the race directors, USATF, USATF/CT, SNERRO, LLC, the Town of Old Saybrook, all sponsors, volunteers, medical personnel and anyone acting on their behalf, 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. Additionally, I grant permission to the Race Director to use or authorize the use of any photo, motion picture or video recordings of this event for any legitimate purpose.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident or illness, prior, during or after the race resulting from my participation in the event.

This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

Signature: \_\_\_\_\_

Parent's Signature : \_\_\_\_\_ (Required if the runner is under 18 years of age)

[ ] I have a disability for which I am requesting an accommodation (visit [www.usatf.org/about/legal/policies/ADA.asp](http://www.usatf.org/about/legal/policies/ADA.asp) for forms and procedures)