

IVORYTON PUMPKIN CHASE

5K relay application

(individual 5K and Kid's Fun Run application on Reverse side)

To benefit the Ivoryton Library

www.ivoryton.com

860-767-1252

Saturday, October 21, 2017

Ivoryton Village Green, Main Street, Ivoryton, CT

Relay information:

- Relay consists of three runners
- 3 x 1 mile legs, middle leg is trail
- Runs concurrently with individual 5K runners
- You must have a team name to register
- No Age Divisions
- Award for First Place Relay

Registration opens 7:30 AM

Race begins 9:15 AM

Individuals and relays run concurrently

Registration:

\$15 each member of the team / \$10 no awesome shirt

For more information contact Chris Pagliuco at 860 759-6430

Register on-line at: www.aratracetiming.com or fill out application below

Mail with check (payable to "Ivoryton Library") to: Ivoryton Library, PO Box 515, Ivoryton, CT 06442

TEAM NAME: _____

TEAM MEMBER NAME: _____ T-SHIRT SIZE (circle): S M L XL
(If applicable)

AGE (on race day): _____ M/F _____ PHONE _____

ADDRESS: _____ TOWN: _____ ST: _____ ZIP: _____

In consideration of the acceptance of this entry, I know that running or walking is a potentially hazardous activity. I will not enter unless I am medically able and properly trained. I agree to abide by any race official as to my or my child's ability to safely compete in this event. I assume all risks with participating in this event, including, but not limited to, falls, contact with other participants, effects of weather, traffic, and the conditions of the roads and trails. Such risks being known and appreciated by me. I hereby waive and release any and all rights and claims for injury, death, or damage I may have against The Ivoryton Library, the Town of Essex, Essex Parks and Recreation, Essex Police, Essex Town Hall and their departments therein, The Essex Land Trust, and any employees and volunteers of said agencies and businesses, race officials, or their representatives, successors, or assignees, for any injuries that may be suffered by me or my child in this event. I certify that I, and or my child, is physically capable of successfully completing this race. In addition, I will allow any photographs taken by the Ivoryton Library and/or its affiliates to be used for any purposes that they see fit.

SIGNATURE: _____ DATE: _____

Parent or Guardian signature if under 18. Application is incomplete without signature.

Ivoryton Library 106 Main St. PO Box 515 Ivoryton, CT 06442