



2009 Utica Roadrunners Development Runs

Registration Form:

Sex: _____

DR Number: _____ Last Name _____ First Name _____

UR Member(Y/N): _____ Address _____ City _____ State _____ Zip _____

_____ DOB _____ DaytimePhone _____ Evening Phone _____ E-mail _____

_____ Shirt _____ School District _____ Entered _____

Waiver

I know that running is a potentially 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 program official relative to my ability to safely complete this program. I assume all risks associated with participating in this program including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver, and knowing these facts and in consideration of your accepting my application, I for myself and anyone entitled to act on my behalf, waive and release, the Utica Roadrunners, the City of Utica, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this program. I understand that this waiver covers all Runs associated with the summer Wednesday Night Development Runs

Signature Date

Parents Signature if under 18 Date