



Race Registration Form

Name: _____ Date of Birth (mm/dd/yyyy) _____

Phone: _____ Address: _____ Town/State/Zip: _____

Sex: M/F _____ Age on Race Day _____

Emergency Contact: _____ Phone: _____

Medical Concerns/Allergies: _____

Runners Primary Care Physician: _____ Office Number: _____

Shirt Size (Please select one):

Adult: S _____ M _____ L _____ XL _____ XXL _____ No Shirt _____

Child: S _____ M _____ L _____ XL _____ XXL _____ No Shirt _____

Participant Waiver:

I know that running a road race is potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running in this event, 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 and sidewalks, and all such risks being known and appreciated by me. I understand that bicycles, skateboards, roller skates or roller blades, and animals are not allowed in the race and I will abide by all race rules. Personal music players are allowed at the runner's own risk. For myself and for my heirs, personal representatives and assigns, I hereby release the Town of Enosburgh, Vermont, their principals, directors, officers, agents, employees and volunteers, and their insurers, (collectively hereinafter "Town of Enosburgh") from any and all claims, demands, actions, causes of action, suits in equity of whatever kind or nature, and from any and all liability of any nature for any and all injury or damage (including death) to me and any other persons as a result of my participation in the activity, regardless of the cause. I understand that this release includes any claims based on negligence, action or inaction, of any of the above parties. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. I understand that this event does not provide for refunds in the event of cancellation, and by signing this waiver, I consent that I am not entitled to a refund if the event is cancelled before or during the event.

Signature or Parent's Signature if Under 18 Years

Date

To register, please fill out this form and return to the Town Clerk's Office or mail to P.O. Box 465 Enosburg Falls, VT 05450. Form must be filled out as completely and accurately as possible. Register before August 31st to receive a custom Cider Shuffle 5K t-shirt. Cost: \$15 to register. Please make checks payable to "Town of Enosburgh."

For more info. contact Enosburgh Recreation at redirector@enosburghvt.org, or call 802 933 4447.