



Love Your Body 5K Run & Walk Registration Form

Mail Form to:
CT NOW Foundation
56 Arbor Street—Suite 417
Hartford, CT 06106

October 23, 2010 10 AM West Hartford Rte 4 Reservoir, 1420 Farmington Ave

Last Name:

First Name:

Address:

City:

State:

Zip:

Phone Number:

Email:

Age:

Birth date:

Female/Male

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 race official relative to my ability to safely complete the run. I hereby certify that I am in good health and I have trained to run/walk the distance of the race, which I am entering. I assume all risks associated with running/walking in this event including, but not limited to: falls, contact with other participants, the effects of 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 entry into this running race, I, for myself and anyone entitled to act on my behalf, waive and release the CT Chapter of the National Organization for Women Foundation, Inc. its officers, directors, agents, volunteers, employees, all states, cities, countries or other governmental bodies or locations in which events or segments of events are held, all sponsors, their representatives and successors, and the Metropolitan District (MDC), 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 name in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. I understand that bicycles, skateboards, baby joggers, roller skates or inline skates and animals are not allowed in the event and I will abide by these guidelines. I am aware that the organization strongly discourages the use of personal audio services (iPods and MP3 headsets). I recognize there are no refunds.

Print Name

Signature (Parent's Signature if under 18 years)

Date

Race Entry: \$20 (No refunds)

I understand that my race entry fee only covers a portion of the cost to produce the race I will participate in and that the balance is made up from sponsorships and donations. Please accept my additional donation of \$ _____

Make Checks Payable to the CT NOW Foundation (Cash or Checks ONLY)

*Image Design by Ryan Allard, Wethersfield, CT

Internal Use Only: Bib # _____