Voluntown Youth Service Bureau

860-694-8733

Super 5K Run/Walk/Stroller Race

Saturday, May 13, 2017 at 9AM
Pachaug State Forest
Chip Timing by Platt Systems

Name _____ **Male/Female** _____ **Age** _____

T-shirts can be purchased for $5 each if your registration is received by Wednesday, April 26th. Please add $5 to the registration fee if you wish to purchase a shirt.

Adult T-shirt size (circle one) **S** **M** **L** **XL** **XXL**
Youth T-shirt size (circle one) **S** **M** **L** **XL**

Street Address _____

City/Town _____ **State/Zip** _____

Email Address _____ **Phone**_____

Program/Activity _Super 5K Run/Walk/Stroller Race___ **Fee:** Ages (0 – 18) **$10** **$15 w/shirt**
Ages (19 +) **$25** **$30 w/shirt**

Payment- Cash _____ **Check** _____ **Date**_____

Emergency Contact and Phone _____

Special considerations/ needs ***(****Please list allergies, medications, restrictions, etc. Add additional pages if needed****):*** _____

Please read carefully and sign below

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT This release is intended to discharge in advance the Board of Education, Town of Voluntown, the Youth Service Bureau, its officers, agents and employees from and against any and all liability arising out of or connected with my participation in said classes or activities. It is understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs, personal representatives, next of kin, spouse and assigns. The Voluntown Youth Service Bureau has made me aware, and I fully understand, that my participation in activities sponsored by the Youth Service Bureau may expose me to dangers inherent in the activities that could, under normal conditions of the activities, result in my serious injury or death; notwithstanding this knowledge, I voluntarily apply and agree to participate therein. In consideration of the acceptance of this application for entry into the classes or activities listed above, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me as a result of my participation in said classes or activities. Further, I agree to the unreserved use of my name and/or likeness (including photographs, videotapes and other depictions) for publicizing the Voluntown Youth Service Bureau.

Parent or guardian must sign for youth 18 and under. Registration is not complete without signature.

Signature_____Date_____

Please make checks or money orders payable to the **Town of Voluntown** and drop off at Voluntown Elementary School, mail to 195 Main Street, Voluntown, CT 06384, or register online at plattsys.com.