

2019 GCS Summer Trail Series - Race Application

Official use only

Name: _____

REQUIRED	
AGE	GENDER

Address: _____ State _____ ZIP _____

Email: _____

1	2	3	4
5	Relay	7	8
9	10	11	PR

	Per Race	12 Race Series	Series 1	Series 2	Relay Race
Age 14/under	\$3	\$24	6/3	7/15	7/8
Ages 15-18	\$4	\$36	6/10	7/22	PR Race
Ages 19+	\$5	\$48	6/17	7/29	8/19
			6/24	8/5	
			7/1	8/12	

I know that running, trail running and volunteering for a road or trail 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, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or roller blades, animals, and personal music players are not allowed in the race and I will abide by all race rules. Having read this waiver and knowing these facts and inconsideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the event, The Gate City Striders, the City of Nashua, New Hampshire, all cities and towns, all volunteers including the race committee, sponsors, and vendors, and the Road Runners Club of America, all event sponsors, their representatives and successors 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 named in this waiver. I grant permission to all of the foregoing to use my name, my photograph, motion pictures, recordings or any other record of this event for any legitimate purpose. I further agree to receive emails from the organizer for information and advertising for this and subsequent events. I also understand that all fees are NON-REFUNDABLE and NON-TRANSFERABLE.

Signature (Parent's signature if under age 18) _____

Date _____

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