

PITTSFORD RECREATION DEPT

TRAIL RUN REGISTRATION FORM

PO Box 10, 426 Plains Road, Pittsford, VT 05763
 483-6500 ext. 17 www.pittsfordvermont.com
Pre-Register by April 7, 2017



PLEASE PRINT AND COMPLETE ENTIRE FORM Only 1 form per family needed.

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

HOME PHONE: _____ DAY/WORK: _____

CELL PHONE: _____ E-MAIL ADDRESS: _____

EMERGENCY CONTACT: _____ PHONE: _____

ALLERGIES OR CONDITIONS WE SHOULD KNOW ABOUT?: _____

*Shirts are ONLY guaranteed to participants pre-registered by April 7, 2017. All other shirts are first come-first served on race day. Shirts will be available and distributed on race day upon registration. With the proper fees you may bring your form into the Town Offices Mon-Wed 8 am-4:30 pm, Thur 8 am-6 pm & Fri 8 am-3 pm. You can also call with credit card information (fee applies), mail it, or drop in the After-Hours Drop Box located near the exit of Town Offices parking lot. Entry fees: \$10 for 5K – \$5 for 1 mile *Race day registration - \$15 for 5k – \$10 for 1 mile.*

Participant Name(s):	AGE	Shirt size:	GENDER	FEE
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

Program: 5k 1 mile Both 5k & 1 mile (*Please note: Individuals participating in both routes will only be given top finisher prize in 5K event)

~PLEASE READ CAREFULLY~

Release: I understand there are risks of physical injury in participating in sports and recreational activities. I hereby release the TOWN OF PITTSFORD, its employees, and agents from any liability or personal injury, or loss or damage to personal property which I may experience in connection with activities sponsored by the Pittsford Rec. Dept.

I hereby consent to any medical procedures deemed advisable for myself in the event I sustained an injury. The dept. does not provide accident or hospitalization insurance for participants of its programs. All participants are advised to have adequate personal coverage. Please consider ones own health, experience, and tolerance for risk before participating in any Recreation program.

X Date: _____

 Signature of participant

Office use: Amt Rec'd _____ CK# _____ Date _____ Rec'd by _____