

St. Vincent DePaul Mission of Waterbury
P.O. Box 1612; Waterbury, CT 06721

RACE REGISTRATION FORM
THERE IS A DIFFERENT FORM FOR WALKERS

*Walk in their footsteps --
Race for awareness*
Sunday, October 27, 2019
Sacred Heart High School
142 South Elm St., Waterbury
Check-in: 12:00 noon
Walk Start: 1:00pm. Race Start: 1:30pm.

Registration Fees	_____	\$25, \$30 after October 21
Additional Donation	_____	
Total Enclosed	_____	
Checks payable to St. Vincent DePaul Mission of Waterbury		

Name _____
Please print clearly.
Sex _____ Age on Race Day _____ Bib # _____
Team Name (if applicable) _____
Address _____
City/town _____ State _____ ZIP _____
Phone Number with Area Code _____
Tee-shirt size: S M L XL XXL
E-mail _____

Return this form before October 21, 2019

Liability Waiver & Consent Statement *Walk in their Footsteps -- Race for awareness*

I know that running or walking may be potentially hazardous to my health if I am not physically or medically fit. I should not enter to walk or run unless I am physically fit, medically able, and properly trained. I agree to abide by any decision of a race or event official relative to my ability to safely complete the run or walk for which I have entered. I hereby certify I am in good health, and I have trained to run or walk the distance required in this event. I assume all risks associated with walking or running in this event, all risks being known and appreciated by me.

Having read this waiver and knowing these facts and in considering my entry into this event, I, for myself and anyone entitled to act on my behalf waive and release the St. Vincent DePaul Mission of Waterbury, Inc., their officials, directors, agents, volunteers, employees, sponsors, and 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 or entities named in this waiver. I grant permission to all the foregoing to use my photographs, motion pictures, recordings, videos, or any other recording of this event for legitimate purpose.

I have read and agree with the terms of the Liability Waiver & Consent Statement above. I agree to abide by the rules of the Event and comply with directions given by Event Leaders.

Note: There is a different form for Walkers.

Participant Signature: _____ Date: _____

Emergency contact: Name & Phone: _____

Parent/Guardian Signature if runner is under age 18: _____

For information, call George (860-274-9310) or Edwin (203-754-0000) or Lorein (203-754-0000).
E-mail: edwinr@svdpmission.org. Visit our website at svdpmission.org.

Thank You!