

Hospice Herbert River 10K Trail Race

Race Date: Start Time: Location: Race Contact: Saturday August 18 2007 10:00AM (Registration 09:15AM) Herbert River Lori Yorba 907-321-0238 tlyorba@gci.net

join JTRR https://southeastroadrunners.org/ results online: https://jtrr.org/event/2007/race/327

Course Description:

Hospice Herbert River 10K Trail Race, Fundraiser for Hospice & Homecare of Juneau

<u>Distance</u> □10k (10 km) □volunteer - \$0	ENTRY	FORM	ENTRY FEES Kids 18 & Under - \$0 Adults Day of Race - \$0
Last Name		_ First Name	
GENDER CIRCLE ONE (Male Female Non-Binary)		Age on 7/1/2007	
email		JTRR MEMBER: (YES	NO) (if yes, skip phone,address)
MAILING ADDRESS			
STREET OR BOX			
СПҮ		PHONE	
STATE		ZIP	
trained, and by my signature, I certify that I am medii participation in this event, including the right of any all risks associated with running or volunteering in	cally able to perform this event, am in good official to deny or suspend my participation this event, including but not limited to: fal	I health, and am properly trained. I agree to abin for any reason whatsoever. I attest that I have rough Is, physical contact with and/or the potential co	t enter and participate unless I am medically able and properly de by any decision of a race official relative to any aspect of my ead the rules of the race and agree to abide by them. I assume intraction of a communicable disease from other participants, be best and/es hermidite. If foreing a cold to proper the rest tracing and

all risks associated with running or volunteering in this event, including but not limited to: falls, physical contact with and/or the potential contraction of a communicable disease from other participants, volunteers, race personnel, contract service providers, employees, and spectators. I assume all risks including: the effects of the weather; high heat and/or humidity, freezing cold temperatures; traffic and the conditions of the road and/or trail including surrounding terrain. I understand that bicycles, skateboards, roller skates or inline skates, animals, and personal music players and all will abide by all race rules. If allowed by the Race Director, and if I am pushing a baby jogger or stroller, I also accept the responsibility for injury up to death of the child being transported in the jogger or stroller. Having read this waiver and howing these facts and inconsideration of your accepting my entry I, for myself and anyone entitled to act on my behalf, waive and release the Juneau Trail and Road Runners, the United States Forest Service, the state of Alaska, the City and Borough of Juneau, and the Road Runners Club of America, all event sponses, 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 persona name in this event. In addition, I acknowledge the contagious nature of communicable diseases and voluntarily assume the risk that I may be exposed to or infected by communicable diseases by participating in this event for any ters, proceed of this event for any tersonal tingrigitimate purposes. I understand that this event does not provide for refunds in the event of a cancellation, and by signing this waiver, I consent that I ann not entitled to a refund if the event is canceled before or during the event

SIGNATURE

BIB NUMBER:

(for race officials only)

SIGNATURE of parent or guardian if under 18 DATE_